COLLEGES

Talk

AIDS

PROGRAMME

A TRAINING MANUAL

NATIONAL SERVICE SCHEME,
DEPARTMENT OF HIGHER EDUCATION &
A.P. STATE AIDS CONTROL SOCIETY
HYDERABAD.

12063
CPHE - CL1

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ACKNOWLEDGEMENTS

We acknowledge that this training manual is an adaption of the training manuals on HIV/AIDS of UTA (Universities Talk AIDS) Training Manual for student youth of the Ministry of Youth Affairs and Sports, Government of India and the Training manual entitled AIDS Prevention Education for student youth of Maharastra State AIDS Control Society.

We are highly thankful to the teams of experts who prepared these manuals, which inspired to make this adaptation to suit our needs.

CONTENTS

CHAPTER - 1

GUIDELINES FOR TRAINERS

Chapter - 1

GUIDELINES FOR TRAINERS

This Manual is designed as a resource guide for educators to facilitate training for youth on HIV/AIDS. The Manual shall also be helpful to young people themselves to convey basic facts about HIV/AIDS to their peers.

In order to derive the maximum benefit of this Manual, it is important that one should read the entire Manual. It is equally important that you clarify any doubts that you may have on the subject before you conduct the training programme, by referring to resource materials.

HOW TO USE THE MANUAL

The content of the training programme is distributed under training chapters. Each chapter covers one topic which is presented in one or more sections. The chapters as well as the sections under each chapter are arranged in logical sequence. It is, therefore, important that the chapters and the sections with in each chapter is taken up in an order as specific, and that the content is presented without omitting any part of a chapter or section. However, in keeping with regional differences, certain issues may be emphasized; for example, sharing needles or syringes by drug users may be stressed in areas where intravenous drug abuse has been reported.

TIPS FOR TRAINERS

1. Read all about human sexuality, sexually transmitted infections (STIs), the Human immunodeficiency Virus (HIV), the Acquired Immuno Deficiency Syndrome (AIDS) and related topics, prior to the training programme.

2. Be comfortable when you talk about topics related to sex and sexuality.

3. Encourage the participants to ask questions, discuss freely, and to participate in role plays. This can be done by -

   ★ Identifying participants who are shy and quiet (do not group them together : encourage them to participate)

★ Ensure equal representation of both sexes in each group.

★ Providing a Question Box for dropping questions to facilitate those who feel shy to ask questions.

★ Create informal, comfortable atmosphere being non- judgmental so that the participants feel free to interact.

4. Check all the arrangements in advance

★ Choose a Class room well-ventilated and well-lighted.

★ Provide comfortable chairs so that they can move around for group work and games.

★ Check all the equipment, slide projector / overhead project / VCR / TV / Public address system etc. Make sure that the equipment is in working condition.

★ Other materials required for each session should be kept ready for use. These include -

- Slides / transparencies / video cassettes arranged in an order. (Slides and transparencies may be developed from the illustrations/matter provided in this Manual).

- Chalkboard, chalk, duster, charts , flip charts and markers etc.

- Stationery - writing pads, paper, pens, pencils, cellotape, scissors, etc.

- Training manuals and other printed material in sufficient number so that each participant gets a copy.

CHAPTER - 2

PRE TEST FOR PARTICIPANT'S

Chapter - 2

PRE-TEST FOR PARTICIPANTS

Duration : 30 minutes

Objective

1. To facilitate changes in the current training as per the needs of participants.
2. To assess basic knowledge of the participants with regard to HIV/AIDS prior to the training, for evaluating the effectiveness of the training programme.

Methodology

★ Administration of the pre-training questionnaire (given on page 6).

★ Discussion.

Materials

★ A copy of the pre-test questionnaire for each participant.

★ A pen/pencil for each participant.

Procedure

1. Distribute the pre-test questionnaire.
2. Say :

   "This is not a test. The information you give us in this questionnaire will be used for necessary changes to evaluate the effectiveness of the training programme.

   "You should complete the questionnaire independently without consulting each other. Answer all the questions frankly and return the questionnaire within 15 minutes."
3. Collect the questionnaires after 15 minutes and discuss relevant issues.

PRE-TEST QUESTIONNAIRE

[Tick(✓) the appropriate answer]

1. AIDS ☐ curable ☐ incurable

2. AIDS caused by ☐ bacteria ☐ virus ☐ fungus

3. I am most likely to get HIV virus by having sexual relations with. (Check as many as you want)
   - ☐ a person infected with the HIV virus
   - ☐ members of my own sex
   - ☐ a person who has many sexual partners
   - ☐ a person who has sexually transmitted infections (STIs)
   - ☐ other (specify)

4. I can get the HIV virus by.
   - ☐ touching a person living with HIV / AIDS.
   - ☐ kissing a person living with HIV / AIDS.
   - ☐ any other (specity)

5. I can also get the HIV virus by.
   - ☐ blood transfusion from a person who has the HIV virus/AIDS
   - ☐ sharing needles/syringes with a person who has the HIV virus/AIDS
   - ☐ being bitten by mosquitoes
   - ☐ other (specify)

6. I can get the HIV virus by sharing the following with a person who has the HIV virus/AIDS (check as many as you want)
   - ☐ utensils (cups, spoons)
   - ☐ toilet
   - ☐ bed linen
   - ☐ other (specify)

7. I can protect myself against the HIV/AIDS virus by
   - ☐ blood test to find out my status.
   - ☐ not having premarital sexual relations (practicing abstinence)
   - ☐ not having sexual relations unless I know that my partner is not promiscuous
   - ☐ using a condom (Nirodh)/(Insisting my partner to use a condom.)
   - ☐ others (specify)

8. If I feel I have the virus I would.
   - ☐ tell my parents/spouse
   - ☐ go to a doctor
   - ☐ not do anything
   - ☐ others (specity)

9. If I go to a doctor and he/she recommend blood test I would.
   ☐ get it done ☐ do not get it done ☐ other (specify)

10. If I under go the test.
   ☐ want to know the results of the test
   ☐ do not want to know the results of the test

11. If the test is positive for HIV /AIDS virus I would.
   ☐ tell my family member
   ☐ tell friends
   ☐ tell my sex partner
   ☐ do not tell anybody

12. If I am HIV + , I could transmit it to (check as many as you want)
   ☐ my sexual partner
   ☐ the foetus of my unborn child
   ☐ family members other than my sex partner

13. Close friend or relative of mine is living with HIV/AIDS, I think he/she should be cared for (check one)
   ☐ at home ☐ in a hospital ☐ somewhere else (specify)

14. I do (check one)
   ☐ know how to protect myself against HIV/AIDS
   ☐ not know how to protect myself against HIV/AIDS

15. I would like to learn more about the HIV/AIDS virus (check as many as you want)
   ☐ how does one get infected ?
   ☐ how can I protect myself from getting HIV/AIDS ?
   ☐ what will happen if I get HIV/AIDS ?
   ☐ how will it get transmitted to others?

Name : _____
(In block letters)

Date :

Note : You may use a name other than your own but identify yourself with the same (changed) name when you fill up the Post-training questionnaire at end of the training programme.

CHAPTER - 3

INTRODUCTION

Chapter - 3

INTRODUCTION

Total Duration : 3 hours

Most training programmes devote some time at the beginning to create a facilitating training environment. This involves allowing time to the participants to get to know each other - this is particularly important when sensitive subjects like sexuality and reproduction are being discussed. It is also important to inform the participants about the objectives and content of the training programme and also its significance both to them as well as to the target audience for sharing the information.

OVERALL OBJECTIVE

1. To encourage participants to feel comfortable with one another.
2. To appraise objectives, schedule and practical aspects of the training programme.
3. To understand the rationale for focusing on the lifestyles of young people and for being trained to take up the Colleges Talk AIDS Programme.
4. To perceive the seriousness of the problem concerning Sexually Transmitted infections (STIs) and Acquired Immunodeficiency Syndrome (AIDS).

Sections

1. SELF-INTRODUCTION
2. INTRODUCING THE TRAINING PROGRAMME : PRACTICAL ASPECTS
3. INTRODUCING THE TRAINING PROGRAMME : OBJECTIVES AND THE SCHEDULE
4. INTRODUCING OF TRAINERS - WHY YOU ?
5. WHY FOCUS ON YOUNG PEOPLE - HOW THEY ARE VULNERABLE ?
6. THE HIV/AIDS SCENARIO.

SECTION - 1
SELF-INTRODUCTION

Duration : 1 hour

It is essential for the participants to feel comfortable within the group so that they can discuss freely the sensitive issues the training programme deals with. They should get to know each other. Formal self-introduction, "ice breaking", exercises such as the one given below may be used at the beginning of the training programme. Help the participants to feel comfortable enough to ask questions and participate openly in the discussions.

Specific Objectives

1. To help the participants to get acquainted with other participants.
2. To make the participants feel comfortable so as to facilitate open discussion.

Methodology

★ Discussion in pairs.

Materials

★ A small, square pieces of paper and a pencil for each participant.

Procedure

1. Give a piece of paper and pencil to each participant.
2. Ask each participant to turn and face the person on his/her right/left.
3. Ask one person from each pair to ask his/her partner his/her name, favourite colour and what he/she feels strongly about and write it on the paper.
4. Ask each pair to reverse roles.
5. Ask each participant to introduce his/her partner as follows :

" This is _____ His/Her favorite colour is _____ he/she feels strongly about _____". till all the participants get introduced.

Note for the Trainer

The exercise may be varied by telling the participants to write their favourite dish, film star, etc. instead of colour.

After the exercise is over, ask the participants how they felt about it. Tell them that they were deliberately asked to share relatively trivial things about themselves to help them shed their inhibitions. Also tell them that during the training programme they will be expected to actively share their feelings and attitudes about several sensitive issues in order to get the maximum benefit of the training. Assure them that you will keep all personal information that is shared confidential and that each group member is expected to behave in the same manner.

ALTERNATIVE EXERCISE

Methodology

★ Memory game

Materials

★ None

Procedure

1. Make the group sit in a circle.
2. Say : " Introduce yourself and try to say something associated with your name, e.g. "My name is Prem Gore. My father wanted me to spread the message of love ; hence my name is Prem."
3. After each participant has introduced him/herself thus. Ask the participants to identify as many persons in the group as possible by name.

SECTION - 2

INTRODUCING THE TRAINING PROGRAMME : PRACTICAL ASPECTS

Duration : 15 Minutes

Specific Objectives

1. To discuss the administrative and physical arrangements of the training programme.
2. To establish the ground rules for the training programme.

Methodology

★ Presentation using visual aids followed by a question-and-answer session and discussion.

Materials

★ Transparencies/slides; blackboard and chalk or flip chart and markers

★ Overhead/slide projector

Procedure

1. Introduce the session and explain the practical aspects of the training programme with the help of visual aids.
2. Explain the administrative and physical arrangements. These would include-
   - arrangements for stay, breakfast, dinner.
   - venue, timings of tea and lunch breaks.
   - arrangements regarding the return journey.
   - payment of travel allowance and daily allowances.
3. Announce that a Co-ordinator and two Rapporteurs will be chosen from amongst the participants for each day and that -

- The Co-ordinator will ensure that the sessions start on time and the participants re-assemble on time after the tea and lunch breaks.

- The Rapporteurs will prepare a summary report of the proceedings of the day and hand it over to the trainer on the next morning.

4. Establish the ground rules for the programme. That would include -

- Regularity - the participants should attend the training programme every day, including sessions scheduled for the evening. Discuss and arrive at a way to ensure regularity.

- Punctuality - the participants should never be late for the sessions. Discuss possible ways of dealing with late-comers.

- Confidentiality - discuss the importance of maintaining confidentiality regarding personal matters mentioned by the participants during the course of discussion.

SECTION - 3

INTRODUCING THE TRAINING PROGRAMME : OBJECTIVE & SCHEDULE

Duration : 30 Minutes

The participants are now ready to be acquainted with the objective of the training programme and its sehedule.

Specific Objectives

1. To discuss the overall objective of the training programme.
2. To be acquainted with the schedule of the training programme.

Methodology

★ Presentation using visual aids giving sufficient time for questions and answers and discussion.

Materials

★ Transparencies/slides chart - one on the overall objectives of the training programme, and the remaining on the training schedule (both are given at the end of this Section); blackboard/flip chart

★ Overhead/slide projector; chalk/markers

Procedure

1. Introduce the objectives of the training programme using the slide/transparency.
2. Review the detailed programme . Stress that it is necessary for the participants to be present for all the sessions of the training programme ensuring meaningful training in order to get the necessary background which will enable them to become effective trainers or resource persons. Tell them that the sessions will be essentially participatory and that they should feel free to clarify all their doubts and apprehensions during the sessions including the present session.

OBJECTIVE OF THE TRAINING PROGRAMME

The overall objective of the training programme is to prevent and control the spread of HIV/AIDS among youth by

- Imparting scientific knowledge of human sexuality and equipping them with the skills necessary for communicating matters related to sex and sexuality to the youth.
- Providing the participants with adequate knowledge about the medical and psychosocial aspects of HIV/AIDs
- Equipping the participants with the knowledge and skills required to foster responsible attitudes and behaviour amongst youth.

SECTION - 4

INTRODUCING THE TRAINERS : WHY YOU ?

Duration : 15 Minutes

Ever since the first case of AIDS was detected in India in 1986 and soon after HIV/AIDS has spread not only to other cities and towns in Andhra Pradesh, it has penetrated into the rural areas of the State as well. Unless prompt and effective action is taken, we will not be able to control the spread of HIV/AIDS.

Specific Objectives

1. To explain why the participants have been selected for the training.
2. To understand the significance of the participants' role in promoting colleges talk AIDS programme in their districts.

Methodology

★ Presentation using transparencies / slides / chalk board / charts

Materials

★ Transparencies / slides, chalk board and chalk or flip chart and chalk markers.

★ Overhead / slide projector.

Procedure

1. With the help of the visual aids explain that :

   - HIV is no longer restricted to few urban areas in Andhra Pradesh. It has spread to the villages in practically all the 23 Districts of the State.
   - It is therefore imperative that people in all the Districts are made aware of how HIV/AIDS spreads and how it can be prevented.
   - In each of the 23 districts of Andhra Pradesh DLO is the District AIDS Nodal Officer who is responsible for implementing the Colleges Talk AIDS Programme in all the colleges in their respective Districts.

- The Team will implement the College Talk AIDS Programme through intersectoral and inter-and intra-department collaboration between the Departments of Health, Education and Welfare.

- All levels of administrators wil be involved to ensure effective implementation of the programme at the District/Mandal levels.

- Participation in the programme will be sought from Vice Chancellors, NSS Programme Co-ordinator's, Student Welfare Committees, Principals, NSS Programme Officer's and National Cadet Corps.

- Local non-governmental organizations (NGOs) will be encouraged to participate actively in the programme.

- The Programme will be monitored by a Co-ordination Committee of each District consisting of the District Collectors, DMHO, AIDS Nodal Officers, Education, Welfare Officers and NSS functionaries.

- APSACS will provide adequate technical and financial support.

SECTION - 5

INTRODUCING THE TARGET GROUP : WHY YOUNG PEOPLE ?

Duration : 30 Minutes

Since its detection in 1981 AIDS continues to remain incurable and has spread rapidly throughout the world. Worse, an alarming proportion of young people have been infected by the disease. This is because in today's fast-changing environment, traditional values and norms are breaking down, and young people, in their search for an identity are experimenting with different lifestyles. Since today's young people are the parents and leaders of tomorrow, it is crucial to safeguard their health and well-being. This can be done by providing them with accurate information so that they can adopt safe and healthy lifestyles. This section will help you to understand clearly why young people constitute the ultimte target group for the Colleges Talk AIDS Programme.

Specific Objectives

1. To understand why young people are being addressed as a special group.
2. To emphasize the need for developing healthy lifestyles among youth and thereby building future generations of healthy adults.
3. To appreciate the importance of helping youth to take on the responsibility for their behaviour and supporting each other to adopt healthy lifestyles.

Methodology

★ Participatory discussion following a presentation supported by visual aids.

Materials

★ Transparencies / slides, black board and chalk or flip chart and markers.

★ Overhead projector / slide projector.

Procedure

1. Introduce the objective of the session using the visual aid.

YOUNG PEOPLE AND AIDS

THE PROBLEM

10.3 MILLION OF HIV INFECTIONS IN AGE RANGE OF 15-24 YEARS

YOUTH PERCEIVE THEMSELVES AS INVULNERABLE

YOUTH TAKE RISKS

YOUTH IN INDIA HEAR ABOUT SEX FROM PEERS AND PORN

PERCEPTION OF SEXUALITY DIFFERS THROUGHOUT INDIA

2. Ask the participants why they consider youth as an important target group for creating awareness and educational programmes related to HIV/AIDS.

3. List the reasons given by the participants on the chalk board/flip chart.

4. With the help of the visual aid, explain that -

★ At least one-fifth of all individuals who have been infected by HIV are in the age group 15-24 years. In order to prevent the further spread of HIV. It is necessary to equip young people with the knowledge to help them to make responsible choices.

★ Nearly 50% of new infections are in the 15-24 year age group. The adoption of healthy lifestyles by these young people can ensure the good health of future generations.

★ Healthy development provides the basis for healthy relationships and responsible and safe behaviour thus preventing emotional, social and health problems.

★ Adolescence is characterized by rapid and significant physical changes (size, stamina and sexual maturation), psychological changes (cognitive and emotional) and behavioural changes (independence from parents, dependence on peers).

★ Adolescents and young adults are in the process of developing values which will influence their behaviour in later life. They are at a stage of experimentation trying out different lifestyles with a view to choosing one that they can adopt. Moreover, today, they are exposed to a wider range of choices and enjoy greater freedom to make these choices.

★ It is, therefore, relatively easy to instill values and influence them at this formative stage as compared to influencing a person who is already following a certain lifestyle. Adolescence and youth is thus the best time to develop healthy attitudes and behaviour with respect to sex and interpersonal relationships as well as health-damaging habits such as promiscuity, smoking, drinking, taking drugs, over eating and so on.

★ Since the behaviour of adolescents is flexible, placing the facts and implications of different behaviour patterns before them will enable them to make informed and responsible choices about their lifestyles.

★ Adolescents and youth need information in order to make such responsible choices in terms of sexual behaviour/relationships. They also need to be able to integrate and personalize this information or knowledge so that they can make healthy choices.

★ Young people learn a great deal from each other and by sharing ideas and experiences amongst themselves. Peer pressure is a great motivating factor in the adoption of specific behaviour patterns. Therefore, correct information and values are imparted to young people.

★ Young people who have developed greater self-esteem and mutualy supportive relationships are less vulnerable to peer and other pressures.

5. Ask for questions/comments and disscuss.

SECTION - 6

INTRODUCING THE HIV/AIDS SCENARIO

The HIV/AIDS virus and AIDS pose a serious threat to humanity. The disease has broad socio-cultural, economic and legal implications. There is already enough evidence to suggest that the magnitude of unsafe behaviour in the State and the country is large enough to pose a threat to major segments of the population.

Specific Objectives

1. To recognize the magnitude of the problem of AIDS in the world, country and Andhra Pradesh State.

2. To understand why Sexually Transmitted infections (STIs) are a major problem in Andhra Pradesh particularly in the context of the spread of HIV/AIDS.

3. To describe briefly the major routes of transmission of HIV.

Methodology

★ Presentation using transparencies / slides / charts followed by a brief discussion.

Materials

★ Set of transparencies / slides / charts (developed from matter given below) showing the magnitude of the problem of AIDS in India and in Andhra Pradesh.

★ Overhead / slide projector.

★ Blackboard and chalk, or flip chart and markers.

Procedure

1. Introduce the objective of the session using the visual aid.

   " All of us have heard about AIDS and some of us have heard the word, 'HIV', but only a few fo us have correct knowledge about what the disease is, how it spreads or what can be done to prevent it. Also only a few are aware of the magnitude of the problem in the world in our neighbouring countries, in India and in the state of Andhra Pradesh.

2. After these opening remarks, ask the following questions at random and elicit responses.

   - Do you think AIDS is a major problem ? Why ?
   - How many people do you think are already infected by the virus in our State ?
   - How do you think the virus spreads in our State ?

   After getting the participants' responses (which may be written on the blackboard), proceed to explain the HIVS/AIDS situation in detail using the transparencies /slides / charts.

3. The following explanatory statements* may also be used along with the transparencies to describe the problem.

   ★ There are four major ways by which the AIDs virus (HIV) can enter the body. They are -

   - By sexual intercourse with an infected person.
   - By transfusion of blood (or blood products) from an infected person
   - By infected blood by sharing needles / syrings with an infected person
   - By an infected mother to her unborn child.

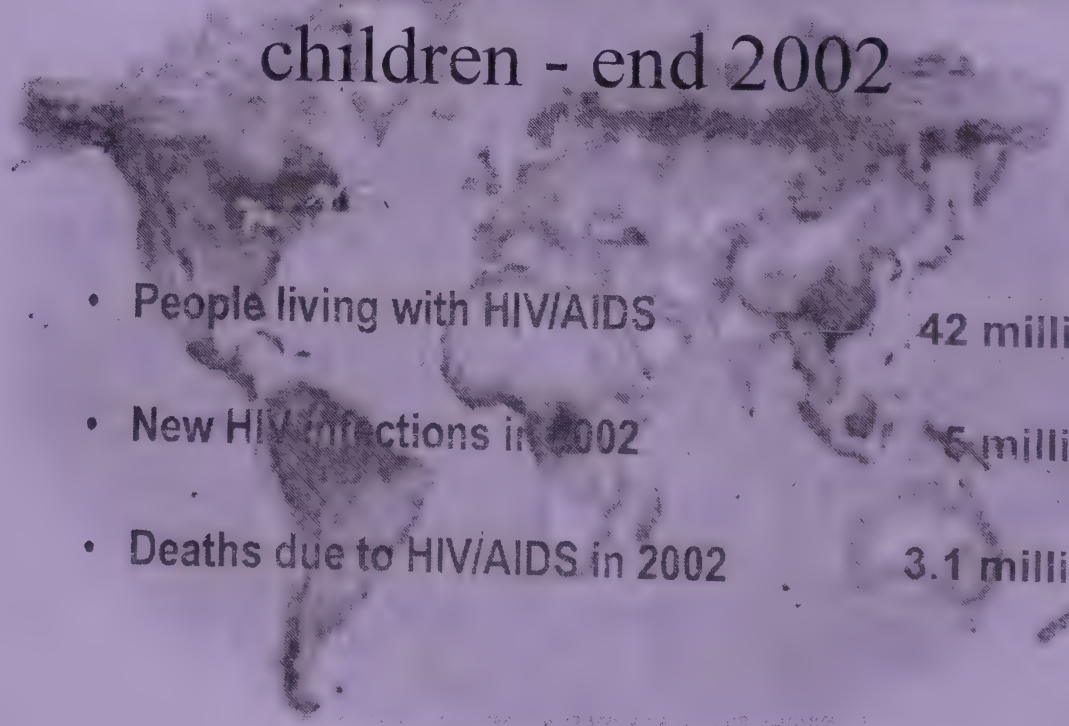
   ★ What is important to know is that the rapid rate at which the infection is spreading poses a serious health challenge for the country, and in the absence of a cure, preventive education is the only means of preventing this fatal disease.

GLOBAL SCENARIO

- about ***14000*** new infections ***a day*** in 2002.
- Globally every **six seconds**- one new infection occurs.
- At the end of 2002, 4.2 crores people living with HIV in the world.
- 50 lakh new HIV infections in 2002
- 3.1 million deaths due to AIDS in 2002.

Contd..

Global estimates for adults and children - end 2002

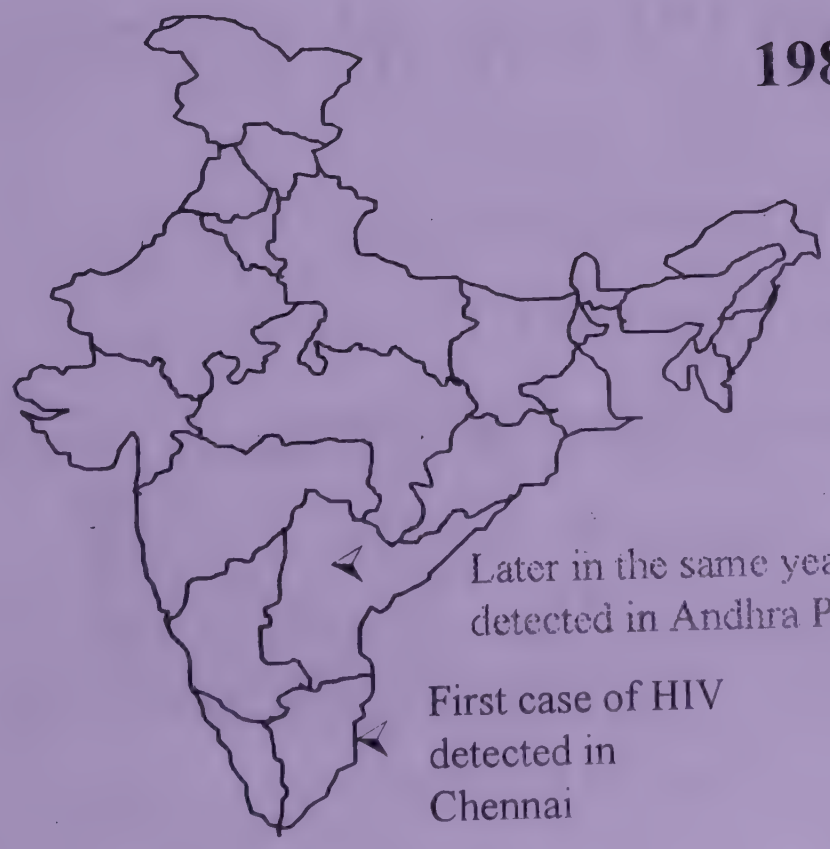


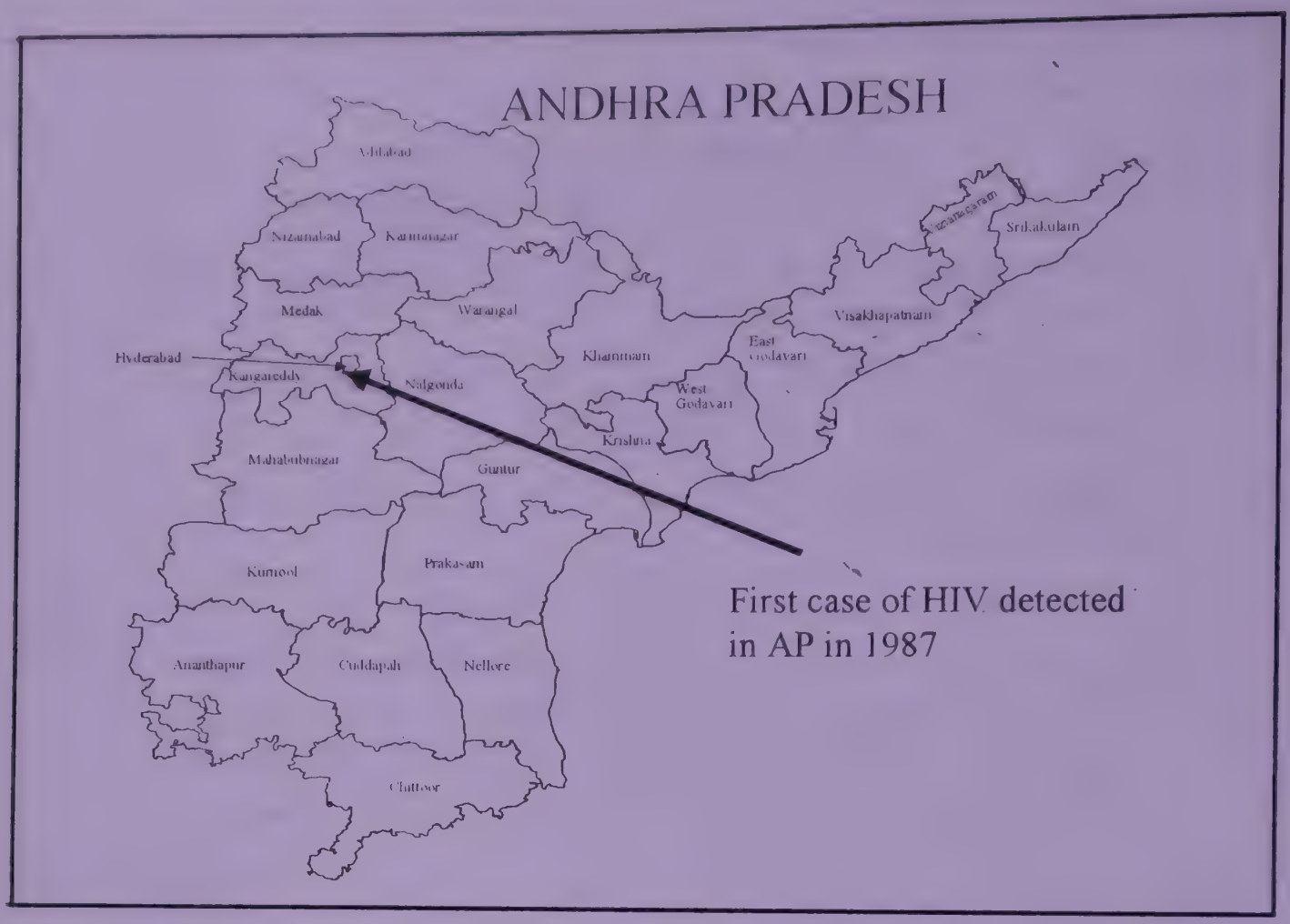
- People living with HIV/AIDS — 42 million
- New HIV infections in 2002 — 5 million
- Deaths due to HIV/AIDS in 2002 — 3.1 million

KILLER AT LARGE!

Indian Scenario

- 1/10th of the Global HIV infections in India
- Second highest no. of HIV positive persons in India next only to South Africa
- 90% of the HIV Infected persons in the age group of 15 - 44 years (as per PD,NACO)
- India's epidemic is strikingly diverse among and within states
- HIV Prevalence rate in India 0.7% but
- 6 states have above 1% HIV positivity among the Pregnant women (A.P., Karnataka, Maharashtra, Manipur, Nagaland and Tamilnadu) HIV/AIDS in these states is considered as generalised epidemic

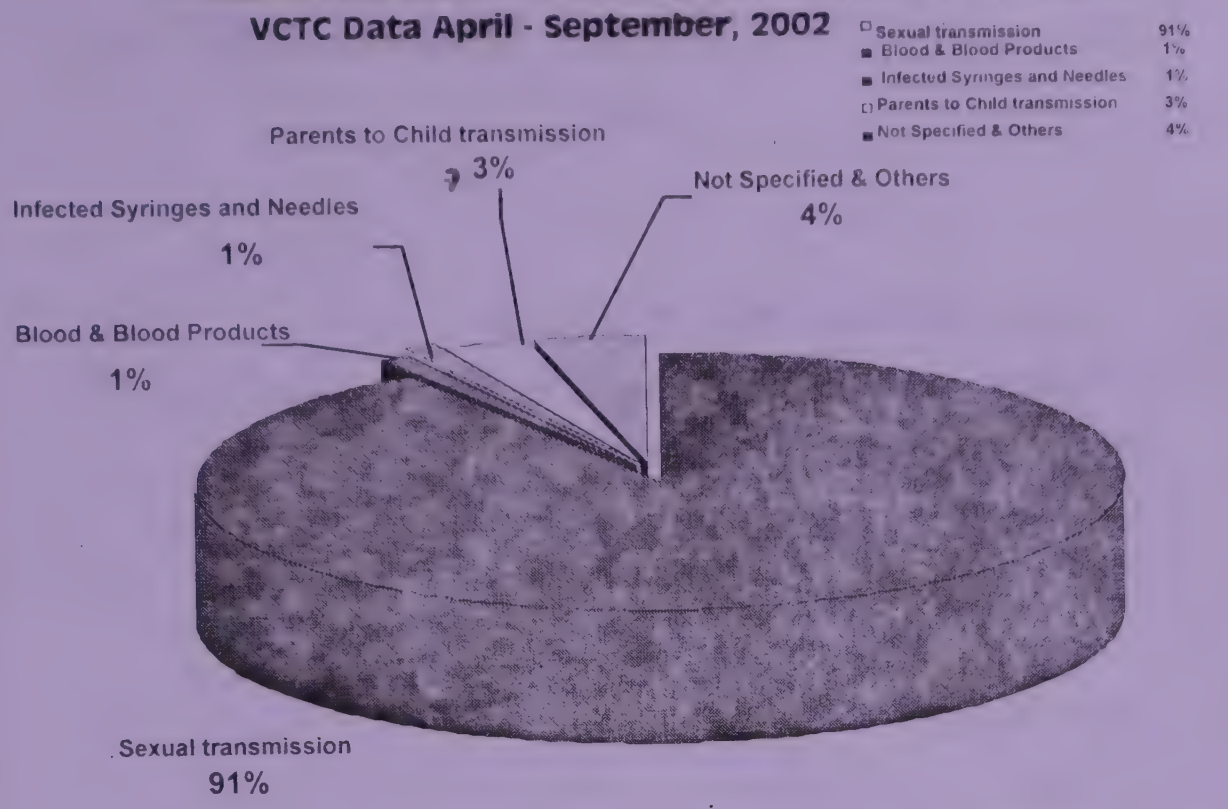




ANDHRA PRADESH SCENARIO

- 4 lakh HIV positive persons
- 1/10 of the national HIV infections
- HIV prevalence rate among he ANC cases is 1.62%
- as per the Sentinel Surveillance 2002, 17 districts report above 1% HIV positivity among ANC cases (Pregnant women)

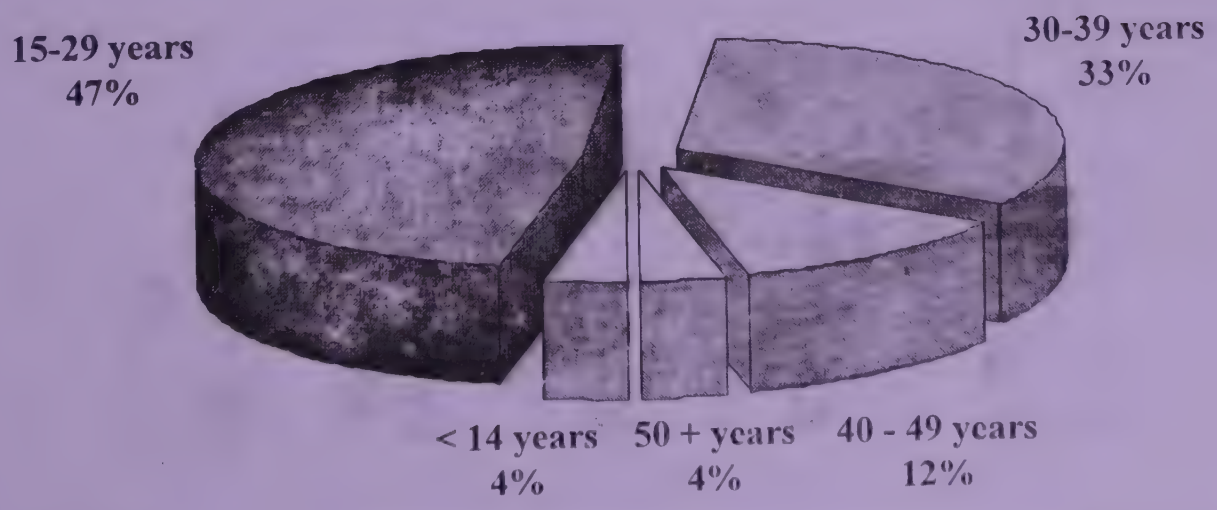
Probable Routes of Transmission for HIV in AP (N = 6298)
VCTC Data April - September, 2002



Source: Monthly CMIS Information

Age distribution of HIV +ve cases in VCTCs

(April 02-March 03) N = 15363

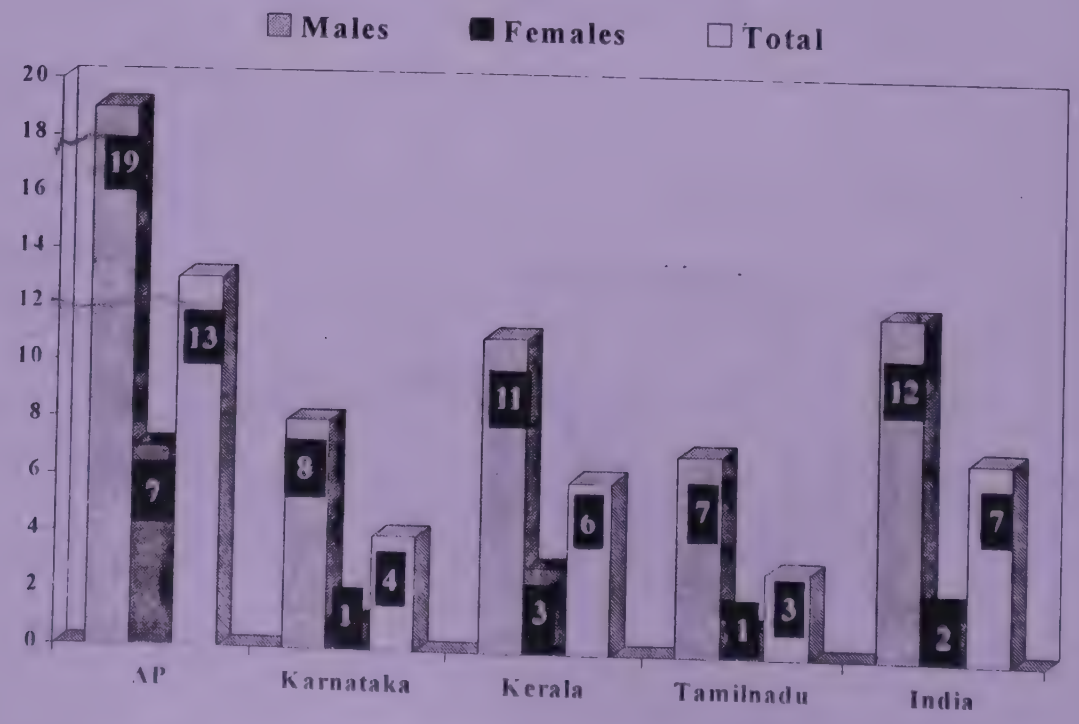


Conditions for explosive growth of HIV in AP

- About 1 in 5 men report paid sex
- Sexually transmitted infections are common: 7% in both male and female
- Condom use rates with non regular partners are low-25%

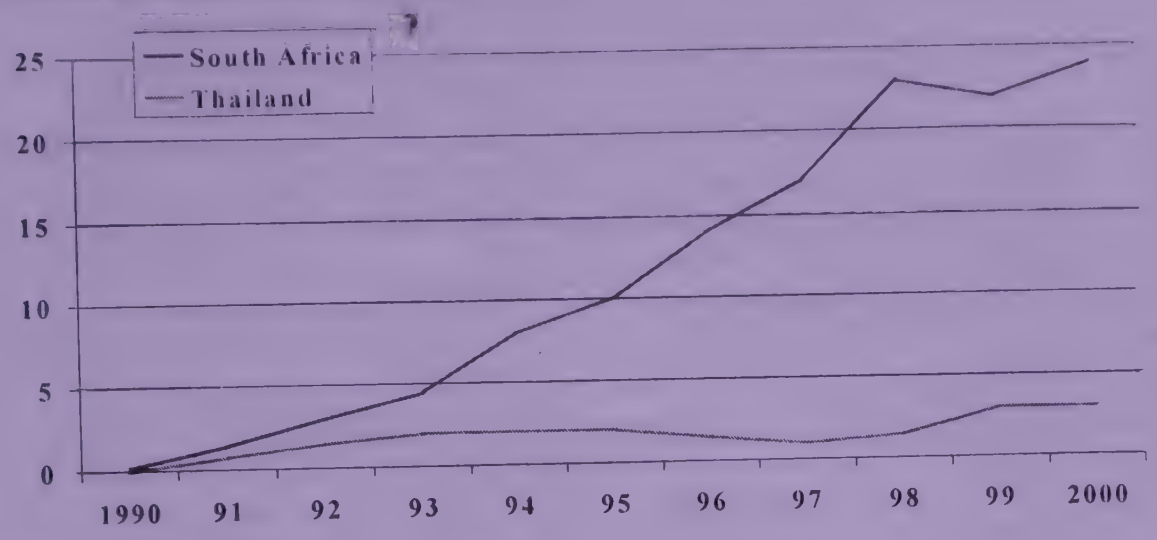
Source: Bai et al, 2000; Weiss et al, 2000; Collumbien et al, 2000

Proportion Reporting Non Regular Sex Partners



International Experience

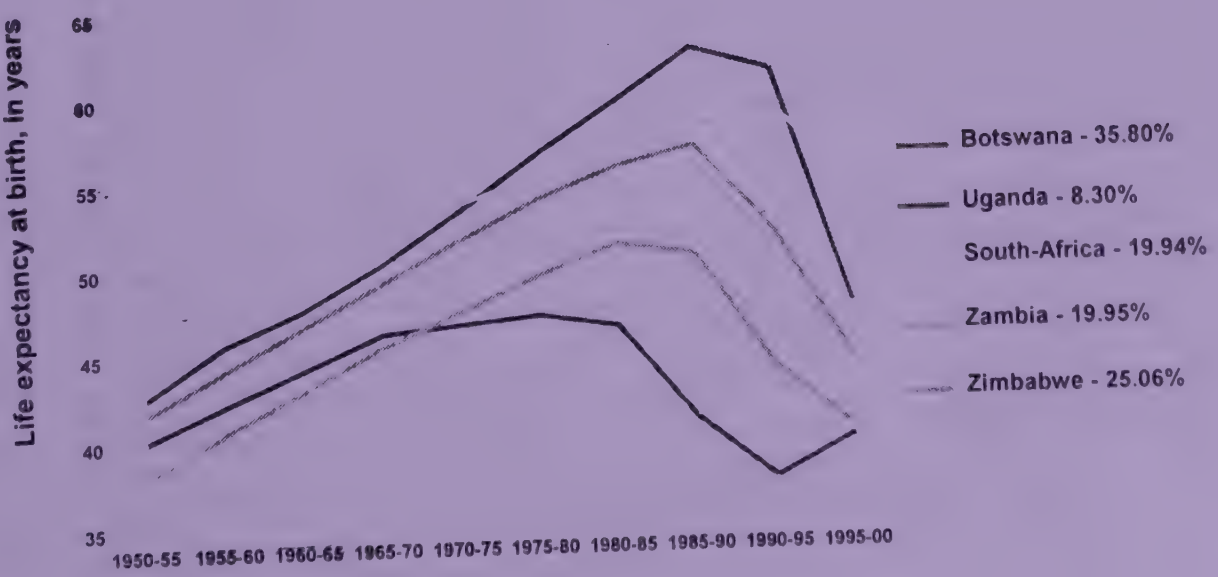
HIV/AIDS in South Africa and Thailand:
Effect of Behaviour Change Programmes:



Source: UNAIDS

Note: Thailand's aggressive HIV control programme has kept the infection rate relatively low over the past decade. South Africa did not implement an HIV control programme and the rate climbed precipitously

Impact of HIV/AIDS in selected African countries with high HIV prevalence, 1950 to 2000



Source: *United Nations Population Division, 1998*

Country Wise HIV prevalence rate in adults 15-49 (%), end 2001

Sub-Saharan Africa	
Angola 5.5	Lesotho 31.0
Benin 3.6	Liberia ...
Botswana 38.8	Madagascar 0.3
Burkina Faso 6.5	Malawi 15.0
Burundi 8.3	Mali 1.7
Cameroon 11.8	Mauritania ...
Central African Republic 12.9	Mauritius 0.1
Chad 3.6	Mozambique 13.0
Comoros ...	Namibia 22.5
Congo 7.2	Niger ...
Cote d'Ivoire 9.7	Nigeria 5.8
Dem. Republic of Congo 4.9	Rwanda 8.9
Djibouti ...	Senegal 0.5
Equatorial Guinea 3.4	Sierra Leone 7.0
Eritrea 2.8	Somalia 1.0
Ethiopia 6.4	South Africa 20.1
Gabon ...	Swaziland 33.4
Gambia 1.6	Togo 6.0
Ghana 3.0	Uganda 5.0
Guinea ...	United Rep. of Tanzania 7.8
Guinea-Bissau 2.8	Zambia 21.5
Kenya 15.0	Zimbabwe 33.7
East Asia & Pacific	
China 0.1	Japan <0.1
Hong Kong S.A.R. 0.1	Mongolia <0.1
Dem. Peo. Rep. of Korea ...	Papua New Guinea 0.7
Fiji 0.1	Republic of Korea <0.1
Australia & New Zealand	
Australia 0.1	New Zealand 0.1
South & South-East Asia	
Afghanistan ...	Maldives 0.1
Bangladesh <0.1	Myanmar ...
Bhutan <0.1	Nepal 0.5
Brunei Darussalam ...	Pakistan 0.1
Cambodia 2.7	Philippines <0.1
India 0.8	Singapore 0.2
Indonesia 0.1	Sri Lanka <0.1
Iran (Islamic Republic of) <0.1	Thailand 1.8
Lao People's Dem. Rep <0.1	Vietnam 0.3
Malaysia 0.4	
Eastern Europe & Central Asia	
Armenia 0.2	Latvia 0.4
Azerbaijan <0.1	Lithuania 0.1
Belarus 0.3	Poland 0.1*
Bosnia and Herzegovina <0.1*	Republic of Moldova 0.2
Bulgaria <0.1*	Romania <0.1
Croatia <0.1	Russian Federation 0.9
Czech Republic <0.1	Slovakia <0.1
Estonia 1.0	Tajikistan <0.1
Georgia <0.1	Turkmenistan <0.1
Hungary 0.1	Ukraine 1.0
Kazakhstan 0.1	Uzbekistan <0.1
Kyrgyzstan<0.1	

Western Europe	
Albania ...	Malta 0.1
Austria 0.2	Netherlands 0.2
Belgium 0.2	Norway 0.1
Denmark 0.2	Portugal 0.5
Finland <0.1	Slovenia <0.1
France 0.3	Spain 0.5
Germany 0.1	Sweden 0.1
Greece 0.2	Switzerland 0.5
Iceland 0.2	TFYR Macedonia <0.1
Ireland 0.1	United Kingdom 0.1
Italy 0.4	Yugoslavia 0.2
Luxembourg 0.2	
North Africa & Middle East	
Algeria 0.1*	Morocco 0.1
Bahrain 0.3	Oman 0.1
Cyprus 0.3	Qatar ...
Egypt <0.1	Saudi Arabia ...
Iraq <0.1	Sudan 2.6
Israel 0.1	Syrian Arab Republic ...
Jordan <0.1	Tunisia ...
Kuwait ...	Turkey <0.1*
Lebanon ...	United Arab Emirates ...
Libyan Arab Jamahiriya 0.2	Yemen 0.1
North America	
Canada 0.3	United States of America 0.6
Caribbean	
Bahamas 3.5	Haiti 6.1
Barbados 1.2*	Jamaica 1.2
Cuba <0.1	Trinidad and Tobago 2.5
Dominican Republic 2.5	
Latin America 0.5	
Argentina 0.7	Guyana 2.7
Belize 2.0	Honduras 1.6
Bolivia 0.1	Mexico 0.3
Brazil 0.7	Nicaragua 0.2
Chile 0.3	Panama 1.5
Colombia 0.4	Paraguay ...
Costa Rica 0.6	Peru 0.4
Ecuador 0.3	Suriname 1.2
El Salvador 0.6	Uruguay 0.3
Guatemala 1.0	Venezuela 0.5*

HIV Prevalance in India - State Wise - end of 2002 in Antenatal Clinic Attendees - Proxy for general population			
	S.No.	Name of State/UT	HIV Prevalence 2002 (%)
	1	Andhra Pradesh	1.25
	2	Arunachal Pradesh	0
	3	Assam	0
	4	Bihar	0.25
	5	Chattisgarh	0.25
	6	Delhi	0.25
	7	Goa	1.38
	8	Gujarat	0.38
	9	Haryana	0.38
	10	Himachal Pradesh	0
	11	Jammu & Kashmir	0.08
	12	Jharkhand	0
	13	Karnataka	1.75
	14	Kerala	0.38
	15	Madhya Pradesh	0
	16	Maharashtra	1.25
	17	Mumbai	0.75
	18	Manipur	1.12
	19	Meghalaya	0
	20	Mizoram	1.5
	21	Nagaland	1.25
	22	Orissa	0.25
	23	Punjab	0.49
	24	Rajasthan	0.5
	25	Sikkim	0.13
	26	Tamil Nadu	0.88
	27	Tripura	0
	28	Uttar Pradesh	0.25
	29	Uttranchal	0.23
	30	West Bengal	0
	31	A & N Islands	0
	32	Chandigarh	0.25
	33	D & N Haveli	1
	34	Daman & Diu	0.22
	35	Lakshdweep	0
	36	Pondicherry	0.25

HIV Prevelance in ANCs for the year 2002-2003				
		ANC		
Sl.No	District	Screened	Positive	%
1	Krishna	4295	328	7.64
2	Nellore	1016	40	3.94
3	Cuddapah	273	10	3.66
4	West Godavari	2125	69	3.25
5	East Godavari	4829	155	3.21
6	Guntur	7819	245	3.13
7	Medak	304	9	2.96
8	Prakasam	1490	44	2.95
9	Karimnagar	961	24	2.50
10	Nalgonda	2176	49	2.25
11	Kurnool	2958	53	1.79
12	Adilabad	970	15	1.55
13	Warangal	9349	144	1.54
14	Visakhapatnam	7539	111	1.47
15	Nizamabad	3297	48	1.46
16	Vizianagaram	293	4	1.37
17	Anantapur	2459	33	1.34
18	Chittoor	4294	42	0.98
19	Mahbubnagar	1689	16	0.95
20	Hyderabad	40235	362	0.90
21	Srikakulam	846	6	0.71
22	Khammam	2582	18	0.70
23	Rangareddi	1077	4	0.37
	Total	102876	1829	1.78

CHAPTER - 4

GROWING UP

CHAPTER - 4

GROWING UP

Total Duration : 2 hours

We have seen that the transmission of HIV/AIDS and other STI is closely related to the behaviour of an individual, which is often in his/her social and economic situation. Therefore, in order to help young people to adopt healthy lifestyle, you, as trainers, should understand the basics of human sexuality and reproduction as well as the process of growing up. It is also essential for you to get over your own embarrassment, and to work through your own feelings about sexuality so that you can talk comfortably about the sensitive issues concerning sexuality and STI/AIDS.

Objective

1. To clarify the major concepts of human sexuality and the associated feelings that form an essential part of growing up.

2. To become familiar with the sex and sexuality related vocabulary used by young people.

3. To clarify the myths and misconceptions about sexuality.

4. To discuss the components of counselling.

Sections

1. UNDERSTANDING SEXUALITY
2. HUMAN SEXUALITY : MYTHS AND MISCONCEPTIONS
3. THE REPRODUCTIVE SYSTEM

SECTION - 1

UNDERSTANDING SEXUALITY

Duration : 45 Minutes

Adolescence is a time of rapid physical and emotional change. It is also the period when sexual development reaches its peak. During this period, the young boy or girl is trying to establish his or her own identity, it is thus often a period of confusion and turmoil for the young person. In order to be able to help young people during this stressful stage of their lives, it is very important that you should clarify what sexuality is to yourself.

Specific Objective

1. To clarify, the major concepts related to sexuality.
2. To personalize the notion of sexuality.

Methodology

★ A small group discussion followed by a short plenary session.

Materials

★ Flip charts and markers, or a blackboard and chalk for each group.

★ Transparency/slide with the definition of human sexuality.

Procedure

1. Divide the participants into small groups of not more than eight persons. Ensure that the male and female participants are either equally distributed among the groups or that the female participants form a separate group (depending on the comfort level of the participants in discussing sex-related issues in a mixed group).
2. Give a flip chart and markers or a blackboard and chalk to each group.

3. Ask the participants to recall all they can about growing up. They could reflect upon themselves, their siblings and other individuals whom they may have watched growing up. The discussion should focus on the emotional, personal and social changes that occur in individuals as they grow from childhood to adulthood. The discussions can focus on both their own perceptions and on how adult/elders perceive the process.

4. Tell the groups that they have 15 minutes to discuss and write their discussion points on the chart or blackboard.

5. Re-assemble the groups after 15 minutes.

6. Ask each group to present the discussion points within five minutes.

7. At the end of the group presentations, summarize the discussions. The major issues which need to be emphasized are.

   - The physical changes that take place when an individual develops from a child to a young adult are accompanied by various emotional, psychological and behavioural changes.

   - Sexual thoughts and fantasies are natural and are a part of growing up. The frequency of such thoughts and related behviour as well as the importance given to them vary from individual to individual.

   - Sexual thoughts and behaviour are influenced by the response received from parents, peers and other individuals who matter to the young person.

8. Use the Visual aid to define human sexuality as.

   " Human sexuality is a function of the entire personality of an individual. It develops continuously from birth well into adulthood and beyond. Sexuality includes :

   " how and individual feels about him self/herself as a person.

   " how the individual feels about being either a MAN or WOMAN and

   " how the individual relates to members of the opposite sex.

   " Sexuality also includes the genital, reproductive and other physical and physiological processes associated with sexual contact (including intercourse) and child bearing. In fact, it is much more than this, that is. **It is the way one thinks, feels and behaves."**

SECTION - 2

HUMAN SEXUALITY : MYTHS AND MISCONCEPTIONS

Duration : 45 Minutes

While conducting the previous activity, you may have found that some of the participants feel embarrassed or hesitate to speak openly. This is because they believe in certain myths, or have certain misconceptions about sex and sexuality. In this exercise, we will examine some of these myths and misconceptions in detail.

Specific Objectives

1. To discuss the common myths and misconceptions about reproductive health, sex and sexuality.

Methodology

★ A small group discussion followed by a plenary session.

Materials

★ Index cards with one statement (given at the end of this section) written on each card (five cards for each group).

★ Blackboard and chalk, or flip chart and markers.

★ A sheet of paper and pen/pencil for each group.

Procedure

1. Divide the participants into groups of not more than eight members per group.
2. Shuffle the cards and give five cards, and a sheet of paper and a pencil to each group.
3. Ask the groups to discuss whether the statement written on each card is a fact or a myth and why they think so.
4. Tell the groups that they have 15 minutes to discuss and arrive at their answers, including the reasons for believing the statement to be a fact or a myth.
5. At the end of 15 minutes, ask the groups to re-assemble.

6. Ask different members from each group to read one statement at a time and give the group's verdict with supporting reasons. If a participant does not agree with his/her group's verdict, he/she may explain why.

7. After a very brief discussion, give the correct answer and the reasons for each statement (if they have not been mentioned correctly by the participants).

8. Ask the participants if they have any additional questions regarding the statements and answer them, if any.

9. Discuss very briefly the anxiety related to certain wrong beliefs and how they affect and individual's attitude towards reporductive health and sexuality, either negatively or positively.

MYTHS SURROUNDING GROWING UP

Myths and Misconceptions		Clarification
The famale determines the sex of the baby	:	Misconception. This is a widely held belief that leads to much injustice and unhappiness among women. The sex of the baby depnds upon the sex chromosomes of the male.
If a girl has not had her periods till 14 years, it is a cause for concern.	:	Misconception. A menstrual period occurs only after certain biological developments within the body. This timing is influenced by heredity, race and health status. Nutrition is an important factor in the onset of menarche. For this reason, the age for the first period among girls from rural and urban low income families is later than girls from affluent families. If a girl has not had her periods by 16 years however, she should consult her doctor.
The size of the penis is a measure of masculinity or virility.	:	Misconception. The size of the penis when not erect or when erect is no indication of man's masculinity or sexual ability. Feedback from young girls suggest that they define masculinity differently - as a gender sensitive, caring, individual male.
Abstinence is the only method of birth control that is 100% effective.	:	True. The only way to be absolutely sure of avoiding pregnancy is to avoid having sex. Abstinence also prevents STIs and HIV.
Masturbation makes a boy impotent.	:	Myth. Masturbation or self-stimulation of genitals is a common activity practiced by both girls and boys. It is perfectly normal, causes no harm or side effects and does not affect ones ability to reproduce.

It is unhealthy for a girl to bathe or enter a kitchen or play sports during her periods.	:	Myth. There is no reason that a girl should not take part in any specific activity during her periods. It is however important to maintain good hygiene and ensure a healthy diet at all times and particularly during menstruation.
A girl cannot get pregnant if she has sex only once or a few times	:	Myth. A girl can become pregnant with a single sexual intercourse including her first one.
Nocturnal emissions make boys weak.	:	Myth. Loss of semen through a wet dream, masturbation or sexual intercourse is a natural, harmlsess process. It does not make a person weak.
contraceptives such as I.U.D. and the pill protect women from getting HIV and sexually transmitted infections.	:	Myth. None of these contraceptives protect a woman form HIV and STI infection. These contraceptives only prevent a woman from becoming pregnant.
A drop of semen is equal to 60 drops of blood.	:	Myth. Semen has no relation with the blood and its loss causes no weakness to the body.
A girl can get pregnant if a boy does not ejaculate or "come" inside her.	:	True. It is still possible that pre seminal fluids will contain sperm; therefore a girl can get pregnant, even if a boy does not ejaculate inside a girls vagina.
It is bad to have sex fantasies and mood changes during adolescence.	:	Not true. Mood changes and sexual fantasies are absolutely normal and harmless emotional changes during adolescence.
Girls and boys can have sexually transmitted infection (STI) without having symptons.	:	True. While some STIs have recognisable symptoms, others may not. It is important to get examined by a doctor if you think you may have an STI.
If the hymen is broken then the girl is not a virgin.	:	Myth. This is not true as the hymen can break during physical activities such as sports, exercises and the use of internal pads during menstruation.

MYTHS AND MISCONCEPTIONS ABOUT HIV/AIDS

Myths and Misconceptions		Clarification
" It cannot happen to me ..."	:	Myth. This is one of the most widely held beliefs among young people. It is a serious misconception. HIV infection can happen to any one of us, irrespective of our age, class, caste or social background.

I can become infected by being close to a HIV infected person who coughs or sneezes.	:	Not true. HIV does not spread through the saliva of an infected person.
HIV/STIs can be cured by having sex with a virgin girl	:	Not true. There is no scientific basis for this dangerous belief. Furthermore, it exposes young girls to a major risk of violence, trafficking and infection.
"HIV is a problem of only "high risk" groups.	:	Not true. Recent data is showing that epidemic has spread to the general populations. It is not who you are but what you do that puts you at the risk of acquiring HIV infection. There are no "risk groups" only "risk behaviours".
Compulsory testing is the only effective way of controlling the disease.	:	This is a misconception - one that if implemented could lead to a false sense of security. First, compulsory testing is not a practical public health measure. Given the window period, it would need repeated testing of the whole population - a measure just not practical in India. Given our context of fear, stigma and lack of guaranteed confidentiality, compulsory testing may well only serve to increase discrimination against populations perceived to be "at risk" and lead to a violation of human rights.
You can identify a HIV person by looking at his or her face	:	Not true. There is no way to tell just by looking, if a person is infected with the HIV virus.
"AIDS can be cured if treated early	:	Not true. Despite the claims sometimes seen in advertisement, at the present time there is no cure for AIDS

SECTION - 2

THE REPRODUCTIVE SYSTEM

Duration : 30 Minutes

By the time young boys and girls reach high school level, they already know something about the changes that occur during puberty - the stage when a boy or girl begins to grow into a young adult. However, this knowledge is usually obtained from conversations with friends, from films and other unscientific sources. This session will give you accurate information about the physical and physiological aspects of growing up. It will also bring into focus the important psychosocial and behavioural aspects of the process of growing up.

Specific Objective

1. To understand the physical, social and psychological aspects of growing up.
2. To gain accurate knowledge about the male and female reproductive system and the physiology of reproduction.

Methodology

★ Lecture-cum-discussion.

Materials

★ Slides/transparencies/charts illustrating the female and male reproductive systems.

★ Slide/overhead projector.

★ Blackboard and chalk, or flip charts and markers.

Procedure

1. Begin the session using the introductory remarks given in the first paragraph.
2. Using the explanatory notes given at the end of this section explain the stage of adolescence, masturbation, the female reproductive system (using transparencies/ slides), menstruation, the male reproductive system (using transparencies/slides), erection, night emissions, conception and childbirth.

Adolescence

★ Till the age of 9-10 years, both boys and girls sound alike and look alike except for the external sex organs. There after, girls and boys begin to develop differently - they enter the stage of "adolescence". Adolescence begins with puberty, which technically, is the period when the secondary sexual characteristics of boys and girls begin to develop.

★ Many changes occur during this period-physical, physiological and psychological. Thus, while physical changes are talking place in the body including the development of the sex organs, changes are also taking place with regard to feelings and attitudes.

★ Unlike psychosocial development which is on going process, physical development begins around the age of 10-11 years and continues upto about 19 years.

★ The physical changes take place as a result of certain secretions or hormones produced by the anterior pituitary gland which is situated at the base of the brain. In the adolescent girl these hormones stimulate the overies to produce its own hormones called estrogens which are responsible for the development of the female secondary sexual characteristics. Likewise, in the adolescent boy, the pituitary hormones stimulate the testes to secrete testosterone, the male hormone which is responsible for the development of the male secondary sexual characteristics.

★ While physical maturation occurs rapidly, emotional maturity develops later and continues well after full physical growth has been achieved. Hence, the period of adolescence - the transition from childhood to adulthood - is a period of great turmoil and confusion both for the individual who is growing up as well as for the people around her/him.

★ During this period of maturation, the adolescent is trying to establish his/her own identity and independence. Moreover, sexual urges are strong and feelings of attraction, usually to the opposite sex, become important. The adolescent is constantly experiencing fluctuations in mood and ambivalent feelings. Rebellion and non-conformity are common. Peer group influence is particularly strong and is often resented by parents and other adults.

Masturbation

Masturbation means self-stimulation of one's sex organs to achieve sexual pleasure. Both boys and girls masturbate. It is a natural phenomenon and is practised by most adolescents. Contrary to superstition and common belief, it is neither harmful nor sinful. It does not lead to sterility or weakness. It is important to ensure that a young person does not feel guilty about masturbation as it is perfectly natural and does not cause any physical harm. Most of the harm is due to the anxiety and guilt associated with the act.

The Female Reproductive System

Secondary sexual characteristics

★ In a girl, between the ages of 10 to 19 years, certain changes begin to occur particularly in the reproductive system.

★ Some of the early signs of growing up, before the onset of menstruation, include -

- Growth of hair under the arms and in the pubic region.
- Breast development
- Broadening of hips

★ Girls and boys are often curious about the size of the breasts and its ability to produce milk when the girl becomes a mother. The breast is a mammary gland which produces milk after childbirth in order to nourish the newborn child. The production of milk is in no way related to the size of the breasts.

Genitalia

★ Project the slide/transparency/chart of the female genitalia and ask the participants to name the different parts. Summarize as follows.

- Unlike the male reproductive system, the female reproductive system is largely internal, that is, it is situated within the body.
- What is seen externally are only the pubic hair and the outer lips or labia majora and sometimes the inner lips or *labia minora.*
- The space between the inner lips has the opening of the urethra which leads to the urinary bladder.
- Below the urethral opening is the opening of the vagina. It is through this opening that the menstrual flow is discharged, sexual intercourse takes place and the baby is born.
- The vaginal opening is covered by a thin perforated membrane called the hymen. *The presence or absence of the hymen is not indicative of virginity.* Baby girls may be born without a hymen, or the hymen can break through strenuous physical activity including certain sports.
- Between the folds of the labia majora and the labia minora is a small peashaped organ called the clitoris which is covered by a hood. It is highly sensitive and is the seat of sexual pleasure.
- Behind the vagina is another opening, the anal opening, for the faeces to pass out of the body. Particular care should be given to personal hygiene as the vaginal opening lies between the anal and urethral openings.

Reproductive organs - Internal

★ Project the slide/trasnsparency/chart of the female reproductive organs, and ask the participants to name the different parts. Summarize as follows :

- The reproductive organs which cannot be seen because they are within the body are the vagina passage or canal which is about two to three inches long and made up of folds of mucous membrane.
- On either side of the vaginal canal are the *Bartholin glands* which lubricate it.
- The uterus is a small, pear-shaped organ about three inches long, two inches wide and one inch thick. The mouth of the uterus is called the *cervix.*
- Leading from the uterus, and on either side of it, are two thin hair-like tubes called the fallopian tubes which end in finger-like projections called *Fimbriae.*
- There are two overies one on either side. Each ovary is at the end of the fallopian tube but separete from it. The ovary is the female sex gland responsible for the growth of the secondary sexual characteristics, and the production of the female eggs or ova. A female child is born with the capacity to produce nearly 200,000 eggs or ova. However, during her reproductive span, only about 400 of these mature.

Menstruation

★ When a girl becomes 10 to 12 years of age, the ova or eggs in her ovaries begin to mature. Every month one ovum of egg matures in one of the two ovaries. The ripe egg is released from the ovary. This is called *ovulation.* The released ovum is caught by the finger-like *fimbriae* and it travels down the fallopian tube towards the uterus.

★ Around the time the ovum is maturing, the walls of the uterus get thickened and congested with blood vessels in preparation for receiving and nurturing the fertilized egg. If fertillzation i.e., the meeting of the female egg and the male sperm, does not take place, the lining breaks down and is discharged after a few days, along with some blood, through the vaginal opening.

★ This discharge lasts for about four to five days. It is repeated every month and is called the monthly period or menstrual cycle. During the first few years it is normal for the menstrual cycle to be irregular. The onset of menstruation indictes that a girl is physically capable of reproduction. However, she is not psychologically or physiologically ready to carry out the reproductive function.

★ All girls do not start menstruating at the same age. A girl should have started menstruating by the time she is .18 years of age.

★ Menstruation is neither dirty nor is it an illness. Some girls may suffer from backaches and cramps during menstruation. If the pain is unbearable then a doctor should be consulted. Both the girl and her family members should treat menstruation as a normal part of growing up. All routine activities should be carried out as usual.

★ It is essential to use clean cloth or sanitary towels during the menstrual period. These should be changes frequently depending on the amount of discharge. It is also very important to maintain personal hygiene during the menstrual period.

The Male Reproductive System

Secondary sexual characteristics

★ As a boy grows older, his shoulders become broader, hair appears on the face, chin, under the arms, in the pubic region and gradually on the chest.

★ The Adam's apple or the voice box becomes prominent and the voice cracks or breaks.

Genitalia

★ Project the slide/transpairency/chart of the male genitalia and ask the participants to name the different parts. Summarize as follows :

- Unlike the female, most of the male sex organs are situated externally. They consist of the penis and the scrotal sac containing the two testes which grow in size till the age of about 18 years. It is normal for one testicle to hang loosely and lower than the other.

- The penis consists of a body and a head or the glans penis. The head of the penis is covered with a foreskin. This foreskin should be pulled back and cleaned every day. Othewise, a whitish substance called smegma collects under the foreskin and can lead to infection. If the foreskin is surgically removed and stitched, it is known as circumcision. This may be done for hygienic reasons.

- The size of the penis is not related to a man's virility.

- The penis is made of three columns of spongy tissue. Through the penis passes the urethra which serves as a common tube or passage for both urine and semen. However, it is regulated to ensure that only semen or urine will pass through it at any one time.

- At puberty, the testes begin to produce millions of male seeds or spermatozoa or sperms. This continues throughout a man's life.

- The spermatozoa travel through a tube which joins the urethra. This tube is called vas deference or the spermatic duct.
- The spermatozoa along with other secretions from the prostate gland and seminal vesicles (together called the male accessory organs) constitute the semen or seminal fluid.

Erection

When the adolescent boy or a man is sexually excited, blood rushes into the penis which normally lies flaccid. This causes the penis to become hard and thick. This is called erection.

Night Emissions (Wet Dreams)

At puberty, the testes begin to produce spermatozoa, which together with the secretions of the male accessory organs form semen. Sometimes the semen may be expelled from the body when the boy is asleep. This is called a wet dream or a night emission. This is normal. It is nature's way of indicating that sperm productions have started and that the boy is capable of reproduction. A wet dream is a natural phenomenon, and loss of semen does not affect the person's health in any way.

How Babies are Born

Sexual intercourse is an expression of love and mutual regard. When two adults love-one another, one of the ways of expressing their love is through sexual intercourse.

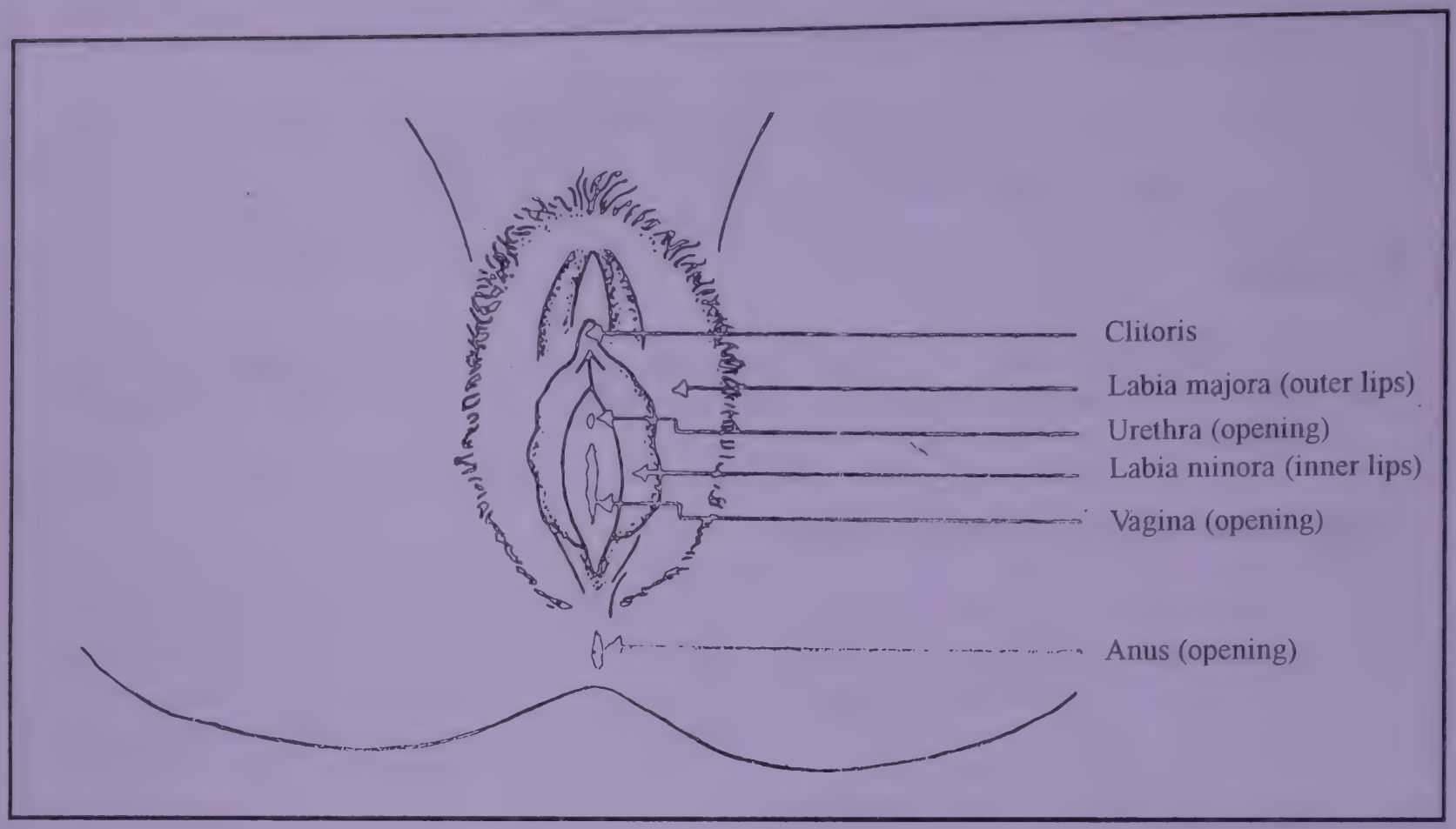
★ During sexual intercourse a man inserts his errect penis into a woman's vagina, and after a while ejaculates semen containing millions of spermatozoa or sperms into the vagina. The spermatozoa move up the uterine cavity and into the fallopian tube.

★ If the woman has ovulated around that time, then one of the spermatozoa can unite with the ovum in the fallopian tube and fertilize it.

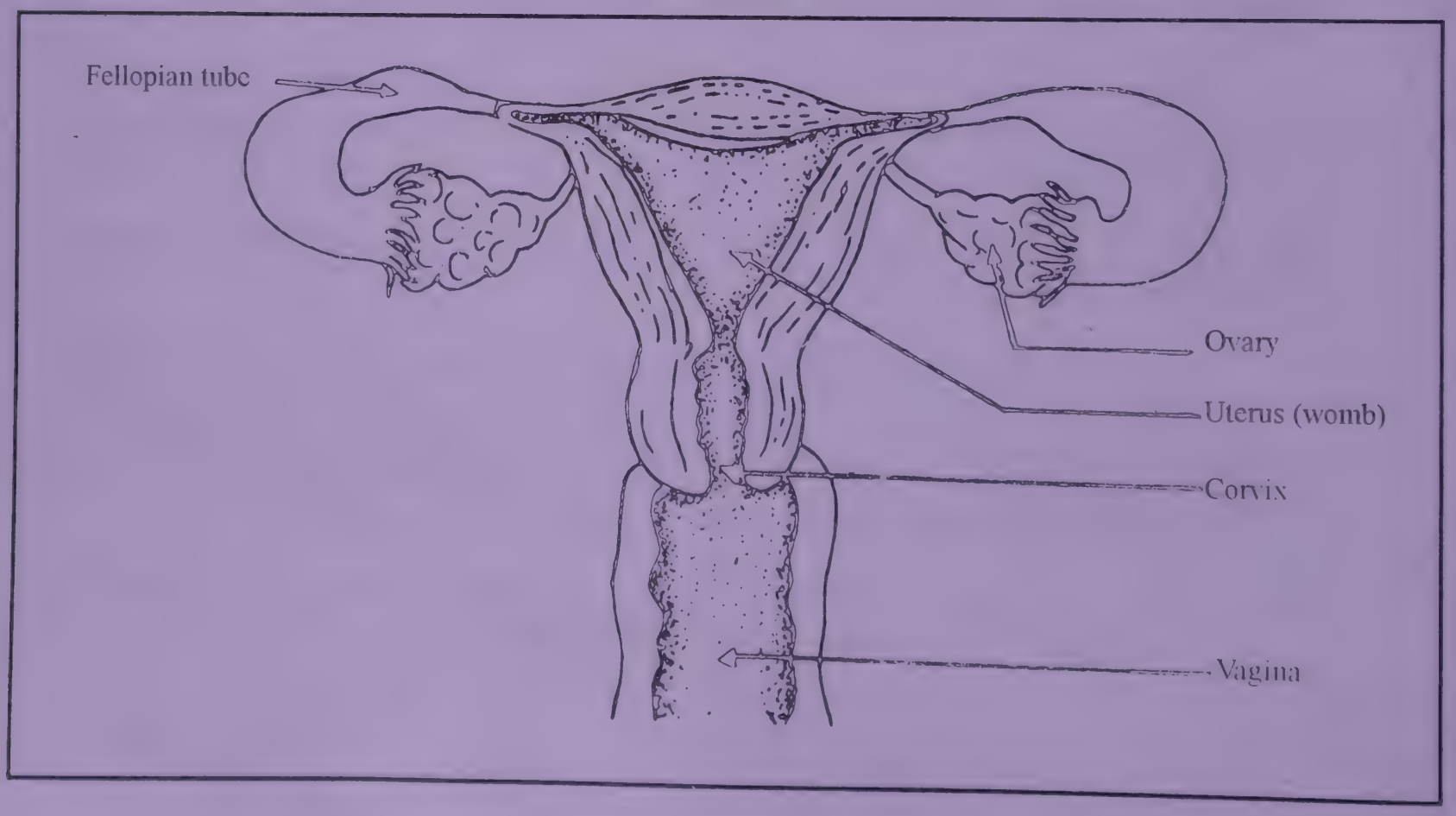
★ By the fusion of the ovum and the spermatozoon, a zygote is formed. This process is called conception. This means that a pregnancy has occurred. The zygote embeds itself in the uterine wall which has been simultaneously growing and getting prepared to receive it. The embedded zygote then develops into a foetus and eventually into a baby. This process of development takes about nine months.

★ At term, the baby is delivered through the vaginal passage by a series of contractions and expansions of the uterine muscles.

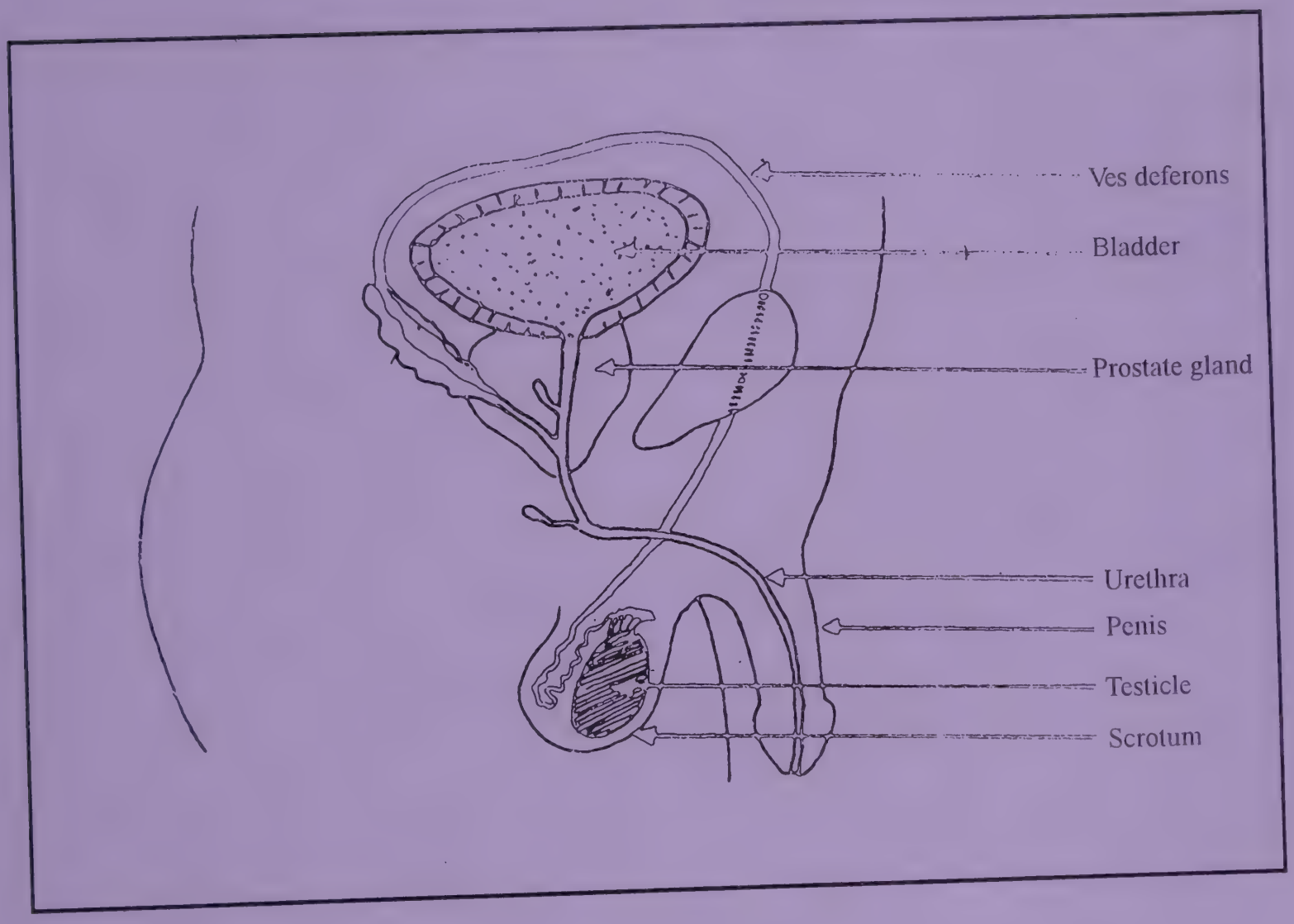
External Genitalia - Female



Female Reproductive System - Internal



Male Reproductive System



CHAPTER - 5

HIV/AIDS BASIC FACTS

Chapter - 5

HIV/AIDS : BASIC FACTS

Total Duration : 1 hour

★ HIV/AIDS Basic Facts

Learning Objectives:

1. To raise awareness level and improve the knowledge of HIV/AIDS.

2. To create self-awareness among participants and make them realise that they are personally concerned with HIV/AIDS and sexually transmitted infections.

3. To enable participants understand and perceive the risk situations that lead to HIV infection and sexually transmitted infections (STIs).

INTRODUCTORY TIPS ON HIV/AIDS : THE FACTS

Duration : 1 hour

Specific Objective

1. To discuss the basic facts and fallacies related to HIV/AIDS/STIs.

Methodology

★ Question and answer session followed by discussion, use of flip charts.

Materials

★ Flip charts/Overhead Projector (OHP)/slides, blank paper, pens, etc.

Note for the Facilitator :

1. This session is divided into as series of questions. The answers to these questions are backed up by slides which can be easily transferred to flip charts/OHP transperancies. It is expected that the group answers from its existing knowledge about HIV/AIDS and the facilitator would then give the correct answer with the help of slides. You could also use the answers from the true-false exercise to facilitate group actions /discussion.

2. Explain to the group that this is not an examination but a process to understand the facts about HIV/AIDS.

Quesitons and Discussion points :

1. WHAT IS AIDS ?
   AIDS is a medical diagnosis for a combinaiton of symptoms which results from a break-down of the immune system. AIDS stands for Acquired Immune Deficiency Syndrome. The immune system defends the body against infections and diseases. The immune deficiency is caused by infection with a virus. 'A' stands Acquired which means that it is obtained or received by a person and is something which does not ordinarily exist within one's body. 'ID' stands for Immune Deficiency which means there is deficiency in the immune system or that the immune system is weakened. 'S' stands for Syndrome

which means AIDS is not one particular isolated disease but one which has a variety of symptoms leading to various disorders and a set of diseases. It is not a curse or a punishment.

2. WHAT CAUSES AIDS ?

AIDS is caused by a virus. It's name is HIV (Human Immuno-deficiency Virus). As the name suggests HIV weakens the immune system or the body's own defence system. This process is slow and usually takes years after the infection for a person to notice that he/she has been infected, when the effects of the weakened immune system manifest themseleves.

3. WHAT IS HIV OR WHAT DOES IT LOOK LIKE ?

HIV is not a single virus. So far, two viruses have been identified to cause AIDS-HIV 1 and HIV 2. HIV belongs to a family of viruses called Retroviruses. HIV is tiny, a thousand times smaller than the thickness of a hair, it looks like a rolled up porcupine, it contains two snake-like single strands of Ribose Nucleic Acid (RNA) along with a reverse transcriptase which lies firmly wrapped up in a core which resembles a cone with a dimple at its base. This cone is protected by an envelope which has a knob-like protein sticking out its surface, giving HIV it's characteristic appearance.

4. WHAT IS THE IMMUNE SYSTEM ?

In healthy individuals, infections are kept at a distance by virtue of an arrary of defenders of the body which constitute the immune system. The most important components are the White Blood Cells present in the blood and lymphatic system including the lymphglands. Unknown to us these defenders are at work day and night, recognizing foreign invaders in the body and fighting them by producing an army of cells which attach the infection directly and produce antibodies which neutralize/kill the invaders.

5. HOW DOES HIV WEAKEN THE IMMUNE SYSTEM ?

How exactly HIV weakens the immune system is still being researched. According to the most accepted theory, HIV directly attacks the white blood cells. HIV zeroes in one white blood cells called CD4 cells which play a vital role in controlling the immune system. These cells have an ability to communicate to each other. In this case, HIV enters the white blood cell. Upon entry it hijacks the genetic constitution and partly replaces it by its own sensitive information and then multiplies. These cells now attack other white blood cells. Slowly the number of white blood cells in the body is reduced and immune system is paralysed. HIV remains practically immune to counter attacks, since it hides inside the attacked cells which are also the cells that are supposed to attack HIV.

6. WHAT DOES HIV+VE MEAN ?

It means that the person has the virus and is harbouring HIV infection. Such an individual is also identified as as seropositive individual for HIV. This person does not as yet suffer from the syndrome or the disease complex, AIDS.

7. WHAT HAPPENS WHEN A PERSON IS INFECTED WITH HIV ?

When a person is infected with HIV nothing is visible on the exterior but it is possible for the person to still infect others.

8. DOES HIV+VE MEAN A PERSON HAS AIDS ?
A person with HIV may initially be perfectly healthy but will eventually develop AIDS. In the meantime he/she may continue to appear healthy like others. A person with HIV is called "having AIDS" when his immune system is totally broken down and does not respond to treatment.

9. WHO CAN GET AIDS OR HIV ?
AIDS has to be acquired. It has to be passed on from one person to the other either by sex or blood transfusion, or from infected mother to unborn child. It is difficult to get, but one has to take the necessary precautions. AIDS does not discriminate a person by sex, religion or caste.

10. CAN YOU IDENTIFY ANY HIV+VE PERSON BY LOOKING AT HIS/HER FACE ?
No, it is not possible to identify a person by looking at his/her face. Being clean or dressed properly does not mean that the person cannot have HIV.

11. WHERE DID AIDS COME FROM ?
No one knows where AIDS came from. It is however important to note that it is now present in the country and spreading at a higher rate. One has to learn to protect oneself.

12. HOW DOES A PERSON BECOME INFECTED WITH HIV ?
The medium of transmission is blood or sexual secretions (semen, vaginal or cervical secretions)
There are only four known ways or routes of transmission of the HIV :
i. Having sexual intercourse with an infected person.
ii. Transfusion of infected blood or blood products.
iii. By infected blood in syringes and needles and body piercing instruments.
iv. By an infected mother to her unborn child.

13. IS AIDS ALSO AN STI ?
Yes, it is, but unlike most other STIs it is not curable. Having other STIs increases the risk of getting or transmitting HIV.

14. HOW IS HIV SPREAD THROUGH SEXUAL CONTACT ?
Infection with HIV through sexual relations is possible by the following direct contacts :

i. Contact between the penis and vagina in hererosexual intercourse.

ii. Contact between penis and the rectum in anal intercourse between man and woman (hetrosexual) or man and man (homosexual).

iii. Contact between seminal fluid (possibly also vaginal secretions including menstrual blood and the mucous membrances of the mouth in oral (mouth to genital organs) intercourse (hetrosexual and homosexual).

iv. A woman has a greater chance of being infected by an HIV infected male than man being infected by an HIV infected woman. This is because the contact period between the seminal secretions and the female's body is larger than the contact between the vaginal secretions and the male organ.

15. HOW IS HIV SPREAD BY INFECTED BLOOD THROUGH NEEDLES / SYRINGES OR OTHER EQUIPMENT ?
Used needles and syringes are always soiled with minute amounts or left over blood. Infected blood will directly transfer HIV into the blood stream.

16. HOW IS HIV SPREAD FROM AN INFECTED MOTHER TO AN UNBORN CHILD ?
HIV may be transmitted during pregnancy or childbirth if the mother is HIV+ve. Children born of HIV+ve mothers are likely to be infected with the virus. There is 30% chance that the virus will be passed on to the unborn child.

17. HOW IS IT SPREAD BY BLOOD TRANSFUSION ?
Transfusion of infected blood from one person to another would directly transmit HIV into the blood stream of the recipient. The Chances of passing on the virus in such a situation is close to 90%. Blood donation has no risk of acquiring HIV infection, one should donate blood regularly. It is safe to donate once in 3 to 4 months and increase the pool of uninfected blood and thus ensure safe blood for your self, your relatives and others in your area. Donating blood voluntarily by youth who are not infected and who are healthy is a safe practice which should be encouraged.

18. WHAT IS THE MAIN ROUTE OF SPREAD OF HIV ?
The most common route of HIV is through heterosexual intercourse. It accounts for nearly 80% of the world's AIDS cases. The next important route is injecting of drugs.

19. HOW CAN ONE PROTECT ONE SELF FROM HIV/AIDS ?
A major route of transmission being is through sexual contact.

* The youth would need to abstain from penetrative sexual contact. This may be done by adopting other safer intimacy option which include hugging, cuddling, massge, mutual masturbation, kissing etc. Penetrative sex of various kinds including vaginal, oral or anal sex should be avoided.
* Have sexual intercourse only with one faithful uninfected partner.

  Practice safe sex when there are more than one sexual partners. Use a condom in all types of penetrative sex.
* Reduce the number of sexual partners.
* Avoid sex with people who have many partners.
* If you use needles, syringes or other instruments that pierce the skin, make sure they are sterile.
* Never share needles and syringes.
* Make sure blood is tested before transfusion. Use blood that is certified HIV free.
* Avoid pregnancy if infected with HIV.

20. How can you test for the presence of HIV ?
There are two tests, Elisa and Western Blot test. Both these tests detect antibodies ot HIV and not HIV itself. Antibodies are produced by our body's defence system to fight against intruders like viruses and germs. These antibodies detect attack and destroy unwanted intruders. There are antibodies against HIV too but these are powerless to destroy the virus.
   i. How long after infection does it take for the body to reveal the presence of antibodies ?
   ii. How long after infection does it take to develop AIDS ?
   In 50% of those who are HIV+ve, it takes ten years to develop AIDS but it is faster in societies where the health and nutritional status is low.
   iii. Limitations of the tests and how it is carried out ?
The test may indicates false positive from time to time because of the window period in which the presence of the antibodies is not detected.

21. What does this test mean or tell you ?
It tells you whether antibodies to the virus are present in your body or not.

22. How can you get HIV ? What are the misconcepitons people have regarding AIDS ?
You cannot get HIV by :

* Shaking hands, embracing, contacts with objects in phone booths, public transport, doorknods, money, etc.
* Shared use of china crockery, silver, glasses, towels, bedding, linen, toilet articles, etc.
* Eating and drinking from communal dishes (e.g. Holy Communion).
* Caressing, petting, kissing.
* Masturbation.
* Coughing, sneezing, tears.
* Normal use of public toilets, swimming pools, community showers, saunas (unless unsafe sex is practiced there).
* Medical treatment in hospitals, in doctor's and dental clinics and in all therapy situations where normal rules of hygiene are observed.
* Massage, physical therapy, cosmetics (cosmetic treatment), hairdresser, acupuncture, piercing of ears and other comparable treatments, as long as normal standards of hygiene are maintained.
* Donating blood.
* Scratches and bites by pets.
* Caring for AIDs victims or HIV possitive people.

HIV VIRUS

CHAPTER - 6

STIs, HIV/AIDS

Chapter - 6

STIs, HIV/AIDS

Total Duration : 1 hour 30 minutes

HIV/AIDS can be sexually transmitted in the same way as sexually transmitted infections or STI. Therefore, the actions which prevent STIs will also prevent HIV. So, people who are at low risk of STIs are also at low risk of HIV/AIDS. Thus, the reduction of STIs will also reduce HIV transmission. This is because HIV is more easily transmitted when a person has sores or discharges from another STI. Therefore, in order, to develop strategies to prevent HIV/AIDS, it is essential to know the facts about both STIs and HIV/AIDS, and to understand the psychosocial implications of HIV/AIDS. This module seeks to provide this basic knowledge.

Overall Objective

1. To provide the basic medicl facts about STIs including HIV/AIDS.

Sections

1. BASIC MEDICAL FACTS ABOUT SEXUALY TRANSMITTED INFECTIONS.

2. WILDFIRE GAME.

SECTION - 1

BASIC MEDICAL FACTS ABOUT SECUALLY TRANSMITTED INFECTION (STIs)

Duration : 30 Minutes

Secually Transmitted infections (STIs) have been known to exist since a very long time. Since AIDS is also transmitted by sexual contact, and is therefore a STI, it is essentail to first understand the basic medical facts about STIs.

Specific Objective

1. To learn the signs and symptoms of STIs.
2. To learn how STI can be prevented, especially in the context of HIV/AIDS.

Methodology

★ Lecture-cum-discussion in a simple question-and-answer style.

Materials

★ Slides/transparencies/charts with one question and its answer an each (The questions and answers are given at the end of this section).

★ Slide/overhead projector/chart.

★ Blackboard and chalk. or flip chart and markers.

Procedure

1. Using the visual aid, display each question and its answer in the order given below.
2. Read the question and its answer out aloud.
3. Invite questions, comments and discussion after each question and its answer has been read out.

QUESTIONS AND ANSWERS ON STIs

1. *What are the Sexually Transmitted infections (STIs) ?*

STI are diseases spread by sexual contact. They are transmitted through the mucous membrane and secretions of the sex organs. The penis, vagina, rectum and mouth are parts of the body from where germs causing STIs can enter and infect the body.

2. *What are the symptoms of STIs?*

All STIs may not have signs or symptoms. Some of the common symptoms are given below.

In men and women :

- Sores, lumps, blisters or rashes in and around the sex organs and mouth
- pain or irritation while urinating
- swelling in the area around the sex organs.

In men :

- unusual discharge from the penis

It is possible to have similar symptoms for diseases which are not sexually transmitted. Therefore, if one is sexually active and has any doubts about having contracted a - STI, it is best to see a doctor immediately.

3. *What do STIs do ?*

STIs are painful. They can cause a lot of damage to the body resulting in illness, disability, infertility and in extreme cases, even death. A pregnant woman can infect her unborn child resulting in disability or death.

4. *Are STIs dangerous ?*

Yes, STIs can be dangerous if they are not detected and treated early. Most STIs can be cured but not AIDS which is also a STI.

5. *How can STIs be prevented ?*

STI can be prevented by :

- abstaining from sexual activity. This may not be aceptable to all (However, some STIs such as genital herpes or warts can spread through direct skin to skin contact).
- using a condom correctly during every sexual contact. This is also the most effective way of preventing HIV/AIDs.

6. *What are the different types of STIs ?*

There are several types of STIs. Some of the common STIs and their symptoms are described below.

- **Gonorrhoea :** Both men and women may have a yellowish/green discharge accompanied by pain while urinating. The symptoms appear 3 to 5 days after infection. If the infection is not detected and treated, it may cause sterility in both men and women.
- **Chlamydia :** This STI is caused by a bacterium. The symptoms include pain when urinating and extra discharge from the vagina. This is a common infection and like gonorrhoea, can lead to sterility.
- **Syphilis :** This is STI which is caused by a bacterium. After 9-90 days of the infection, a small ulcer appears in the mouth or in the area around the sex organs. Syphilis can be dangerous since the symptoms can disappear after a few days. It can affect every system of the body including the heart and the brain. A pregnant, infected woman can pass on syphilis to the foetus leading to disability and other birth defects.
- **Chancroid :** This apears as small painful ulcers on the genital organs.
- **Herpes simplex :** A virus caused it. It attacks the nerve endings. Small blisters are seen around the mouth or genital organs which could be painful. Rarely, swollen glands are also seen. This can lead to abnormalities in children born to infected mothers.
- **Trichomoniasis :** Men usually have no symptoms. Women complain of a smelly yellowish discharge and itchiness in the vagina.
- **Candidaisis :** It is caused by fungus. In women, it causes itching in the vagina and a whitish discharge. In men, an itchy rash appears on the penis or foreskin. Candida need not always be sexually transmitted. Non-sexual routes also exist.
- **Condyloma :** This is a STI caused by a virus. It appears around the sexual organs as warts or small bumps. Condyloma virus can cause cancer in a woman and therefore she should have a regular examination of the uterus.

7. *What is the relationship between STIs and HIV infections ?*

STIs which cause genital ulcerations such as syphilis, chancroid and herpes simplex may facilitate transmission of HIV. This is because the semen or vaginal secretions which are infected with the HIV come into direct contact with the open sores caused by the STI. Early detection and prompt treatment of STIs can reduce the sexual transmission of HIV.

8. *What should be done if one thinks one has a STI ?*

The person should consult his/her doctor. It is important that both partners be treated for STI. If the partner is not known immediately, it is advisable to trace the partner for treatment. Neither partner should have sexual intercourse till he/she is completely cured.

Note for the Trainer

It may not be necessary to discuss the different kinds of STI. Emphasis must be laid on responsible sexual behaviour and the prevention of both STIs and HIV.

SECTION - 2

WILDFIRE GAME

Duration : 30 minutes

Specific Objective

1. To illustrate that one cannot identify an HIV infected person merely by looking at him/ her.
2. To illustrate the rapid spread of the HIV infection.
3. To discuss various implications regarding spread and attitudes related to HIV Transmission (personal as well as social).
4. To personalise the experiences and relate to the actual situation in India.

Methodology

★ Games , role play, group discussion

Materials

★ Chalk & Chalkboard

Note for the Facilitator :

1. Identify two or three participants who would be told that they are to act as HIV positive persons. Each time that they shake hands they are to scratch the palm of the other perosn. They are not to idendtify themselves as being infected or tell others. They are to begin scratching only after the facilitator say so.

2. Inform the group that ther are some infected persons in the audience whom they should try to identify. After some pause, explain that it is very difficult to conclusively prove that somebody is infected with HIV by merely looking at the person.

3. Now ask the group to shake hands with any three other participants of the group. If during the course of handshake they are scratched in the palm, then they are to scratch the palm of whoever they shake hands with next. Explain that each hand shake represents an opportunity to pass infection through unprotected sexual intercourse or sharing of needles.

4. After the group has been through the rounds of the handshakes ask them to be seated in their places. Ask all those whose hands have been scratched to either stand up or raise their hands. Count the number of people and explain that one or two persons have been able to spread the infection in such a short time. this clearly establishes the fact that one cannot take chances even if it means your own friends. The virus has already made its presence felt strongly in our country and is spreading like wild fire.

5. Ask all those who were scratched to sit on one side of the room and those who were not on another side.

6. Ask those who have been infected what they felt when their palms were first scratched and later when they scratched the palms of the others. Discuss the responses.

7. Ask those who were not scratched what their feelings were after the exercise was over. Explain that they may not always be lucky and that protection is always required.

8. Ask those who are not infected. What they would like to do with their friends who are infected. You may want to raise issues like isolation, living together, marriage etc. The facilitator should bring in all the issues which were strongly debated by the group in the earlier exercises and point out the change in attitude, if any. Probe also for responsible behaviour (i.e. not scratching after first scratch; irresponsible behaviour (i.e.,scratching many with anger) and point out to the group that different people will have different attitudes.

9. You may find people who after getting infected, continue to stay with the non-infected group. Have a discussion on this also. Explain that in real life one cannot identify when a person gets the virus. Knowingly and unknowingly people will be spreading the virus in the country. Thus it is important to talk about prevention instead of isolation.

10. At the end of the discussion explain that this was only a game, and that in real life, scratching palm does not spread the HIV infection and that nobody would have been infected with the virus because of this game. This is absolutely essential.

CHAPTER - 7

COUNSELLING

SECTION - 1

PSYCHOSOCIAL ASPECTS OF HIV/AIDS

Duration : 1 hour

HIV and AIDS are not merely medical problem. They have complex psychosocial implications for the infected person because they are associated with sexuality, and with illness leading to death. All of us have our own fears, beliefs and prejudices about sexuality, risk, illness and death. These come from our culture, our past experiences and present situation. So that you can talk in a helpful way to HIV/AIDS affected persons, you need to clearly understand how these feelings affect the way we think about AIDS, and how we react to an infected person. This can best be done through group exercises such as the one given below, which encourage free expression and sharing of feelings, thereby making the participants aware of them, and helping him/her to overcome them.

Specific Objective

1. To explore attitudes and values in relation to HIV/AIDS.

Methodology

★ Value and attitude clarifiction activity.

Materials

★ Five large pieces of white chart paper,l each bearing one of the following statements in bold capital letters : **STRONGLY AGREE; STRONGLY DISAGREE; AGREE; DISAGREE AND NOT SURE /CONFUSED.**

Procedure

1. Mount each of th five charts prominently in different places on the wall of the room so that they are visible.

2. Ask the participants to come to the centre of the room.

3. Tell the participants that you will be reading out some controversial statements one at a time and that they shoud move to the position in the room which denotes their opinion (indicated by the charts).

4. Next, read out a controversial statement from the list (given below).

5. Tell each participant to select a position (denoted by the chart), and ask him/her why he/she holds that particular opinion. The participants should not argue or discuss why they have a particular opinon, but must only listen to the other person's viewopoint without any comments. Give them two minutes to listen to each other's viewpoint.

6. Tell the participants that if their feelings have changed with respect to their first response after listening to the other participant's views, they must move to the position in the room which best describes their changed feelings.

7. Call all the participants to the centre of the room again.

8. Read another controversial statement and repeat the process.

SOME CONTROVERSIAL STATEMENTS

(Note. The trainer can add or omit statements as he/she sees fit.)

★ Condoms should be freely available to everyone.
★ People must compulsorily be tested for HIV.
★ All those found to be HIV positive must be isolated.
★ Commercial sex workers, homosexuals and drug users are responsible for the spread of AIDs.
★ All those with HIV/AIDS must be punished.
★ Homesexuality is perfectly normal.
★ Safe sex should be taught to all students above the age of 14 years in both schools and colleges.
★ People with HIV/AIDS should not have children.
★ All people with HIV/AIDS must inform others about their infection.
★ People with HIV/AIDS have no right to get married.

It is not necessary for each participant to discuss more than one statement. The trainer should ensure that by the time all the questions are read, each participant has discussd at least one statement.

1. Discuss the following issues either in the larger group itself or in smallIer groups.
   ★ What was the initial reaction to the (se) statements(s) ?
   ★ Did you think before choosing a position ?
   ★ Do you think that your feelings were influenced by peer pressure, family background, etc ?

- ★ Was it easy to change your first opinion ? What helped you to change it ?
- ★ How did it feel to speak about your views in front of other participants ?
- ★ How did you feel when you realised that you were in the minority ?
- ★ How did it feel to listen without being able to argue or discuss ?

2. Discuss the important issues (outlined below)

Compulsory Testing Does Not Ensure Prevention of HIV/AIDS

As you have seen, HIV can exist in the body between a few weeks and three months (even longer) before antibodies can be detected. This means that a person can test HIV negative if the test is performed within three months of becoming infected. Even if the test is very sensitive, there will still be a lot of people testing either false positive or negative.

- ★ Remember, a positive test result would involve major changes in one's relationships. It could affect the person's employment status, accomodation, etc and cause a great deal of distress and pain.
- ★ In India, both testing and counselling facilities are not available in all parts of the country. Counselling is very essential, because testing may identify HIV infection but will not help the infected individual to cope with the implications of the disease if counselling is not available.

Victimising Certain Group

Society considers commercial sex workers, homosexuals and intravenous drug users as being "guilty" and victimises them. It believers that because they have contracted HIV/AIDS as a result of their sexual behaviour, they are responsible for the spread of HIV/AIDS, and must be punished. This is absolutely wrong. In the same light, babies, haemophilies and spouses of HIV-infected persons are seen as innocent, as they have been infected without any fault of their own.

It is important for us to understand that sometimes lifestyles are not a matter of choice (e.g. prostitution) but become a means of livelihood. Besides, it is sometimes not easy to change one's behaviour, or lifestyle (e.g. homosexuality).

"Safe" behaviour should be encouraged by ensuring the availability of condoms, safe needles, alternative occupations, counselling and rehabilitation services, etc.

Homosexuality

Society considers persons who have sexual intercourse with persons of the same sex as abnormal or perverted. Such individuals are often unfairly accused of spreading HIV/AIDS. We must recognise and accept that homosexuality is simply the individual choice of a person or a sexual preference. It is important to try and accept a person as he/she is even if we do not always approve of his/her behaviour.

The Condom Controversy

- ★ People and particularly parents and guardians of youth have very strong feelings about making condoms freely available. This is because of the fear that this will encourage young people to experiment with sex.
- ★ Knowledge about condoms does not encourage young people to have sexual realtionships.
- ★ What is important is that young people should receive scientific knowledge and value-based information which will help them to make responsible choices.
- ★ Non-availability of condoms could place young people at risk of exposure to STIs particularly HIV. Hence, condom education is absolutely essential.

The Rights of HIV/AIDS Affected Persons

There are repeated demands for the isolation of people with HIV/AIDS.

Remember that -

1. Isolation brings unwanted attention to the person and may lead to social stigma, loss of social relationships/loss of job/financial hardship.

2. Physical isolation does not prevent the spread of HIV/AIDS.

3. The individual must be given the right to decide whether he/she wants to disclose that he/she is HIV+or has AIDS, to whom the individual wants to disclose this, and when and how the information should be conveyed.

4. Disclosing the presence of the infection against the infected person's wishes is unethical and may have negative results.

Note for the Trainer

The above issues are important. If there is not enough time for discussion during the session, some issues may be given as home assignments for the groups to discuss.

SECTION - 2

COUNSELLING ON HIV/AIDS

Duration : 2 hours

Infection with HIV brings with it tremendous emotional, behavioural, social, economic and legal consequences. It is a life long process that makes many demands on the infected person and his/her family. The infected person may feel guilty and angry and may be afraid of loneliness and death. He/she may experience loss of identity, independence and status and his/her family will have to learn to accept and support the infected person besides making financial arrangements and legal decisions. Counselling should therefore not only deal with the immediate medical needs of the client but also with the emotional, social, financial and legal aspects.

ACTIVITY 'A'

Specific Objective

1. To recognise the need for counselling persons who are worried about contracting HIV/AIDS.
2. To discuss the basic requirements of effective counselling.

Methodology

- ★ Participatory discussion
- ★ Role play

Materials

- ★ Charts and markers/blackboard and chalk

Procedure

1. Invite the participants to mention different situations for counselling persons with respect to HIV/AIDS and write them down on the blackboard/chart.
2. Add the following if not already given by the group
   - ★ have indulged in high risk behaviour.
   - ★ have inadequate knowledge of HIV/AIDS.

- ★ are worried about being infected.
- ★ want to take an HIV test.
- ★ have been diagnosed as HIV infected

3. Make the participants say what counselling should do and write down the points.

4. Add what has been omitted from the following :
   - ★ Give information about HIV/AIDS.
   - ★ Provide information about sources where such information is available.
   - ★ Provide information about facilities where testing for HIV can be carried out.
   - ★ Provide emotional support.
   - ★ Help clarify personal issues.
   - ★ Facilitate decision making.

5. Stress the requirements for counselling - not necessarily in the alphabetical order presented below.

Acceptance	This is essential to form good rapport. Do not be judgmental or critical.
Accessibility	The counsellor/counselling services should be easily accessible.
Accuracy	The counsellor should keep abreast of information on STI, HIV/AIDS and facilities for information, testing and counselling.
Comfort	The room in which counselling is done should have comfortable chairs and a fan.
Confidentiality	Do not reveal information given to you. However a person indulging in high risk behaviour or one who is HIV+ve should be counselled to inform his/her sexual partner(s) about the risk of getting HIV/AIDS.
Empathy	You should not only be able to understand the feelings of the person who is being counselled but should also be able to convey this to him/her.
Listening	Listen carefully and sensitively to be able to accurately understand what you are hearing. This will also help you to understand the feelings being expressed.
Privacy	Conduct the session in total privacy.
Time	Give enough time to the person being counselled.

ACTIVITY - 'B'

Specific Objective

1. To demonstrate the basic techniques of counselling.

Methodology

★ Role play

Materials

★ Index cards with a HIV/AIDS related situation written-on each card. (The situations for the role play are given at the end of this section).

Procedure

1. Ask for two volunteers from the group and give them a card.
2. Have them role play the situation written on the card for 10 minutes.
3. Invite the group to discuss the role play after it is over.
4. Do the same for the two other situations.
5. Sum up by stressing the requirements for counselling not necessarily in the alphabetical order presented.

SITUATIONS FOR ROLE PLAY

1. Nandu is a boy from a village. He is 16 years old. He visits his brother Ravi in Hyderabad, during the vacations. Ravi is two years older. Ravi reads pornographic books. Ravi gives these books to Nandu. Nandu gets sexually aroused by reading the books. He has had a nocturnal emission once. Nandu begins to masturbate. This turns into a habit. On returning to the village, Nandu begins to neglect his studies. Nandu's teacher asks Nandu's father about his disinterest in studies. The teacher is not satisfied with his answer and hence discusses this with Nandu. The teacher is now guiding Nandu on his habit of masturbation.

2. Ahmad is a 22 year-old mechanic. He is unmarried. He earns enough money. Ahmad begins to visit prostitutes and also drinks occasionally due to pressure from his friends. He has now developed some ulcers on his penis for which he has consulted a private practitioner. His friends give him some information about AIDS. Ahmad is shaken. He has since come to see a counsellor at VCCTC in Government District and Area Hospital.

3. Lata is a teacher. Her husband, who is a political leader, visits Bombay frequently. Lata is aware that her husband drinks and has extra-marital affairs. She cannot prevent her husband from indulging in such things. One day, she hears a talk given by a doctor in the local school. She is full of doubt after the talk and decides to go for an HIV test. The doctor explains the advantages and disadvantages of the test to Lata.

CHAPTER - 8

PREVENTION OF HIV/AIDS & ADOPTING HEALTHY LIFE STYLE

Chapter - 8

PREVENTION OF HIV/AIDS & ADOPTING HEALTHY LIFE STYLE

Total Duration : 3 hours 30 minutes

Any hazard can be prevented either by directly avoiding it or by adopting an alternative behaviour pattern which will automatically prevent it. Similarly, the prevention of HIV/AIDS not only involves the avoidance of risk-related behaviour but also the development of a healthy lifestyle. In this module, we will discuss the role of behaviour in the prevention of HIV/AIDS, issues related to peer pressure, and options for ensuring healthy lifestyles and safe sex.

Overall Objective

1. To appreceiate the importance of preventive behaviour in relation to HIV/AIDS and to be able to assess risk behaviour.
2. To acquire the skills for adopting preventive or risk reduction behaviour.
3. To understand the complexities of adopting preventive behaviour.
4. To become familiar with different contraceptive techniques.

Sections

1. THE ROLE OF BEHAVIOUR IN THE TRANSMISSION OF HIV/AIDS.
2. RESPONSIBLE SEXUAL BEHAVIOUR.
3. ASSESSMENT OF RISK BEHAVIOUR.
4. DEALING WITH PEER PRESSURE.
5. DECISION MAKING.
6. CONTRACEPTION - BIRTH CONTROL METHODS
7. SAFER INTIMACY OPITONS.
8. CONDOM DISCOVERY.
9. CONDOM DEMONSTRATION.

SECTION - 1

THE ROLE OF BEHAVIOUR IN THE TRANSMISSION OF HIV/AIDS

Duration : 30 Minutes

Today, stress is a part of daily life. Even young people experience different kinds of stress - stress related to examinations, vocational choices, parental restrictions, realationships with peers, romantic involvement and so on. If youth are not given correct information or guided properly, they tend to adopt quick methods to reduce - their stress. These methods often result in maladaptive or harmful lifestyles. It is therefore necessary to equip them with the necessary knowledge and skills for avoiding such harmful behaviour or lifestyles.

Specific Objective

1. To review the modes of trasnsmission of "HIV/AIDS to facilitate the discussion of preventive behaviour.

2. To communicate the importance of responsible sexual behaviour for preventing the transmission of HIV/AIDS.

Methodology

★ Working in small groups.

Materials

★ Sheets of paper and pencil, one each for each group.

★ Three charts or blackboards, one saying, "NO RISK", the second, "REDUCED RISK", and the third "HIGH RISK".

Procedure

1. Divide the participants into groups of not more than eight to ten participants.
2. Activity - A - Ask each group to discuss the four major ways by which HIV/AIDS is transmitted, and to list the behaviour that they think could contribute to each mode of transmission (10 minutes).

3. Activity - B - Also ask each group to identify the responsible sexual behaviours.

SECTION - 2

HEALTHY LIFESTYLES (RESPONSIBLE SEXUAL BEHAVIOUR)

Duration : 30 Minutes

Procedure

1. Discuss using the following ideas :

   - Responsibility means being conscious of one's behaviour, its effect on another person, and the ability to respond to socially acceptable and justifiable needs of the other.
   - The desire to experiment - whether it is with smoking, drinking, or taking drugs - is an urge which most young people face. Therefore, it is important to understand the dangers associated with this urge. Peer pressure and the need to conform to the peer code should be recognized. What is important is to identify the dangerous consequences of some fo these influences.
   - Similarly, there is an urge to experiment with sex.
   - It is important to understand human sexuality and the psychological and emotional changes that are a part of the normal process of growing up in order to be able to guide and help young people.
   - Developing relationships and being attracted to the opposite sex is normal and healthy.
   - Sex is beautiful but needs to be handled with maturity. Sexual activity is associated with responsibilities and should not be seen in isolation. For example, a boy or girl who attains pubety is biologically capable of reproduction. Does this make him/her old enough either age-wise or emotionally to be a parent ?
   - Sometimes young people find their sexuality itself being challenged. Being sexually active only to meet a challenge or to conform to another person's expectation is not responsible sexual behaviour.
   - It is important to use knowledge of human sexuality for developing responsible behaviour.

2. Re-assemble the participants.

3. Review the modes of transmission.

   - **Sexual contact,** although less riskly than anal intercourse, is the route by which a major proportion of individuals are infected.

   - **Anal Intercourses** is far more risky and the chances of an individual getting infected through anal intercourse are much higher than through vaginal intercourse.

   - An infected man is more likely to transmit the virus to a woman than is an infected woman to a man. Explain the reasons for this - that the period of contact between the genital mucosa and the infected fluid is much higher in the case of transmission from an infected man to an uninfected woman than from an infected woman to an uninfected man.

   - **Transfusion of unsafe blood** although this mode is very direct and quick in transmitting HIV, it is responsible for a small proportion of the total infection.

   - **Sharing syringes and needles** contaminated with infected blood involves a high degree of risk.

   - **From an infected mother to her child :** The chances of infection of unborn child of an infected woman are about 30% as compared to other modes.

4. Starting with the "NO RISK" chart/blackboard, ask the participants to name different kinds of behaviour while you write them down on the chart/blackboard. List only those types of behaviour that would fall under the "NO RISK" category. Add those left out to the end of the list.

5. Repeat this with the "REDUCED RISK" and "HIGH RISK" charts/blackboards.

6. Alternatively, display all three charts/blackboards simultaneously and list the different kinds of behaviour as they are named by the participants on the appropriate chart/blackboard.

7. Put up the responses identified by the participats for responsible sexual behaviour on the chart and discuss the following points .

CHECKLIST OF RISK BEHAVIOUR

NO RISK

No injecting drugs

Abstinence

Non-penetrative sexual activity including masturbation

Sexual intercourse with one faithful, uninfected partner

REDUCED RISK

Oral intercourse using a condom with a partner whose HIV status is unknown

Vaginal intercourse using a condom with a partner whose HIV status is unknown

HIGH RISK

Sharing needles and syringes used for injecting drugs

Unprotected vaginal intercourse

Vaginal intercourse with an infected person

Oral intercourse with multiple partners

Unprotected oral intercourse

Unprotected anal intercourse

SECTION - 3

ASSESSMENT OF RISK BEHAVIOUR

Duration : 30 Minutes

It is often difficult to give categorical answers while discussing whether or not a particular type of behaviour can lead to transmission of HIV/AIDS. It is difficult to say that one kind of activity carries absolutely no risk of HIV transmission or that another is sure to transmit HIV. It is only possible to discuss risks as being relative to one another and leave it to the individual to make his/her own choices.

Specific Objective

1. To examine the risk factors related to HIV transmission.
2. To be able to assess the risk of HIV infection associated with different types of behaviour.

Methodology

★ A small group discussion, followed by a plenary session.

Materials

★ A copy of the sheet of Character Sketches (given at the end of this section) for each participant.

Procedure

1. Divide the participants into groups of not more than eight participants per group, and give each participant a copy of the Character Sketches.
2. Allow five minutes for the participants to read the Character Sketches.
3. Ask each participant to quickly rank the seven persons in the Character Sketches in order of the risk of HIV infection, without discussion.
4. After they have finished ask them to share their ranking with their group and discuss the criteria on which they made the rankings.
5. Have each group produce a consensus ranking if it can and justify it.

6. In the plenary session, ask each group to present its decisions.

7. Discuss the various rankings of the different groups. While discussing :

   ★ emphasize risk situations, risk taking and risk behaviour without being judgemental.

   ★ make an observation that while assessing risks that others take, we tend to make moral judgements consciously or otherwise.

   ★ emphasize that it is the person's behaviour that needs to be considered, and that the relativeness of the risk should be assessed without making any moral judgement.

CHARACTER SKETCHES OF RISK BEHAVIOUR

1. **Chandrasekhar** is married but occasionally he has sexual relations with men. The men he has relations with are often not well known to him. Chandrasekhar has heard about AIDS and thinks that he might be HIV positive. He sees no point in testing himself for HIV because fate will decide his future.

2. **Revati** is Chandrasekhar's wife. She is not aware of his relations with men and has never slept with anyone but Chandrasekhar. Revathi suspects Chandrasekhar of being unfaithful to her but keeps quiet about it. They have been using condoms in their relationship since they were married three years ago.

3. **Sharad** has been married to Pratima for 15 years. They have two children. After the birth of their second child, Sharad has a vasectomy. They no longer use any form of contraception. Sharad travels a great deal in connection with his work.

4. **Pratima** is Sharad's wife.

5. On one of his business trips, Sharad meets Preeti, a girl friend from his pre-marriage days, and starts a sexual relationship with her. He meets her every time he visits her town. Preeti is not keen to break up Sharad's marriage. She does not feel guilty about her relaitonship with Sharad, and has other boy friends as well.

6. **Jasjeet** is 18 years old. He recently broke up with his very close girl friend because her parents do not want her to spend time with him. One of his friends invited him to a party, where he got drunk and left the party with a small group of friends who regularly spend time smoking marijuana and taking drugs. He had never had any drugs (injections) before and does not want to do it ever again because he felt very sick. Now, he is worried about HIV/AIDS.

7. **Dolly** is a call girl in a metropolitan city. She first heard about AIDS two years ago. She was so frightened by what she heard that she seriously considered giving up her vocation. However, once she had thought over it, the panic reduced and reality took over. She had to earn her living somehow. She refuses to have sex with any man who will not use a condom.

Rank the behaviour of Chandrasekhar, Revati, Pratima, Sharad, Preeti, Jasjeet and Dolly in terms of the relative risks of HIV/AIDS transmission.

Note for the Trainer

The trainer may substitute the names of the characters of the Character Sketches given with others. The sketches chosen should reflect varying degrees of risk and behaviour patterns leading to the risk.

1. Discuss, emphasizing that :
   - ★ People find it difficult to refuse even when they know that a particular thing is bad for them, especially in a peer group situation.
   - ★ refusal is not easy; it needs support from others but is possible.
   - ★ in some situations and with some people, it is particularly difficult to refuse but practice helps.
   - ★ there are no specific ways of refusing that are "correct" or "wrong"; different strategies may work. What is needed is the will to say "No".

2. Ask the group members which techniques used in the role plays seemed to work and which did not seem likely to succeed and why ?

3. Elicit other ways of refusing from the group and write them down on a chart paper or the blackboard.

4. Get the list photocopied or typed and hand it over to the participants later during the session.

SECTION - 4

DEALING WITH PEER PRESSURE

Duration : 30 Minutes

HIV infection can be prevented by adopting safer sexual practices. Sexual behaviour patterns are influenced to a large extent by one's peers. One should abstain from high-risk habits such as alcohol, drugs and sex with multiple partners. This problem is not only the concern of young people but of people of all ages. It is possible to resist peer pressure by taking certain specific precautions.

Specific Objective

1. To develop the ability to say "No" to risk behaviour.
2. To resist peer pressure leading to the adoption of risk-related activities or risk behaviour.

Methodology

★ Discussion of specific events.

Materials

★ Six cards depicting different situations (given at the end of this Section).

Procedure

1. Divide the participants, into small groups. Give one card to each group.
2. Allow ten minutes to the groups for discussing the situation outlined on the card.
3. Ask one or two groups to present a role play of the situation on their card.
4. After every role play invite the opinions of the other groups.

SITUATIONS FOR ROLE PLAY

1. **Rajesh** is a fresher at the local degree college. Today is his first day at college. As he enters the college, four senior students surround him. One of them, who look a little aggressive, takes out a cigarette and forces Rajesh to light and smoke it. Rajesh tries hard to refuse and to divert the attention of the seniors in a number of ways and eventually manages not to smoke the cigrarette.

2. **Suhail** is a new student in the school. His parents are employed in the Gulf and he has completed his 8th, 9th and 10th classes in another country. He is now living in the school hostel. He calls one of the other students in the hostel, Ganpath, to his room. He takes out a book and tells Ganpath that it is a pornographic book full of pictures of nude men and women in different postures. However, before opening the book, he asks Ganpath whether he will accompany him to the latest adult movie in town. While Ganpath is curious to see the contents of the book, he is not interested in going to the adult movie. While discussing with Suhail, he considers various options and eventually decides that he neither wants to look at the book nor wants to go to adult movie.

3. **Ajit and Arti** are good friends since their childhood. Ajit being a year older and senior in school also gives tutions to Arti in physics and chemistry - subjects in which Arti is weak. One day while giving tutions in Arti's house. It so happens that there is no one at home, and Ajit starts behaving somewhat awkwardly. Eventually, he suggests much closer physical proximity and that they make love. Arti, is very surprised. However, she manages to talk nicely to Ajit and persuades him to be just a friend and not to get close physically.

4. **Rita** is walking home when **Ajay** comes from behind her on a bicycle and offers her a lift. Rita has to go a long distance. Ajay has been making passes at her, and Rita is very confused and does not know how to handle the situations. After a brief conversation. Rita decided to continue walking.

5. **Jacob** has come to visit his cousins in a new town. Two of his cousins have already been indulging in unsafe sexual behaviour. After dinner one day his two cousins decide to go to a nearby video parlour to play video games. Jacob knows that the video parlour is also a bar and his two cousins regularly drink there. They tell their parents that they are going to play video games. Jacob does not like the atmosphere of the video parlour because it is smoky. dimly lit, and "the boys there are continuously drinking. He does not want to go with his cousins. His aunt, however, does not know about this and suggests that it might be a good idea for Jacob to go and see the town with his cousins. Jacob tries hard and eventually manages to say "No".

7. **Suman** and **Varsha** are close friends and share a room in the hostel. Suman often shares information about her close relationship with Pawan, their classmate, with Varsha. She is fond of Pawan but is unable to decide how their relationship should progress and at what pace. Pawan is a very bright student and is liked by a number of other girls. He has been pushing Suman very hard for physical contact of the kind girls of her age should not engage in. She is caught in a dilemma. On the one had, Suman likes Pawan and on the other, she feels that it is not right to do as he says. Varsha counsels her saying that it is too early to enter into any physical relationship, and that she should be able to say a clear "No" to Pawan and yet be very good friends with him.

SECTION - 5

DECISION MAKING

Duration : 30 Minutes

Young people who feel good about themselves, have a clear understanding of their values. When they have calrified their goals in life, they are on the way to becoming good decision makers. Responsible decision making is not something that just happens. It is a process and a skill that must be learnt. Unfortunately, for a number of adolescents and teenagers, decisions concerning sexual issues just happen. They do not examine their choices or the consequences and often end up making decisions which are inconsistent with their values and goals.

Specific Objective

1. To create awareness of the factors that influence desision making.
2. To improve the skills required to examine alternatives and consequences in a given situation.

Methodology

★ A small group discussion followed by a plenary session.

Materials

★ Cards/papers for each participant, extra pencils or pens.

Procedure

1. Ask the participants to think of a decision that they have made during the last year or so. Tell them that it does not have to be a major decision. Ask them to write the decision on their card/paper. Possible decisions could include -
   - What to do during the coming week-end or vacation ?
   - How to celebrate a birthday ?
   - What expensive gift to buy for someone one likes ?

2. Give the participants a few minutes to think of all the factors that contributed to the decision. For example, how they made the decision ? Who or What influenced them ? Consider all the factors involved - other people considerations, fantasies, personal needs or goals, status needs, etc. Ask them to list the ten things that were most important in making the decision.

3. Tell the participants to look at their lists and rank these factors in order of importance (No. 1 for the most important factor to No. 10 for the least important one).

4. Say : "In thinking about the factors that are important to you, remember to pay attention to your own personal values and standards. Do not worry about how someone else might make the decision or what you think you should do."

5. After the participants have had about five minutes to make their lists, divide them into groups of not more than eight persons. Ask them to share the process of decision making with their group -

   - Two or three factors that were most important in making the decision.
   - How the decision making process was similar or different from that of others in the group ?
   - Feelings about how the decisions were made (allow 15 minutes).

6. After about 15 minutes reassemble and discuss

   - Were you surprised by anything in your decision making process ?
   - What kinds of things help you to make difficult decisions? or hinder you ?
   - What might make it harder to make decisions about sex ?

7. Summarize briefly by explaining the desirable steps for responsible decision making -

   - **Define the problem :** State exactly what the problem is or the situation around which a decision needs to be made.

   - **Consider all the alternatives :** List all the possible ways in which the problem can be resoved, or possible decisions that can be made. Information may need to be gathered in order to consider all the alternatives. You may wish to consult others to make sure that you have not overlooked any alternative. During the discussion, the trainer may add additional alternatives not considered by the participants in order to ensure a balanced discussion.

   - **Consider the consequences of each alternative :** List all possible outcomes both positive and negative - for each alternative or each course of action that could be taken. It is important to have correct and full information on each point.

- **Consider family and personal values :** These values include beliefs about how one should act or behave. The personal and family rules one lives by and believes are important. For example, one's beliefs about honesty, loyalty, whether it is alright to smoke or drink. Most of our values come from the training we receive at home. Other values are derived from our friends and society. Consider whether each alternative is consistent with your personal and family values. Our decisions affect many peopel who are important to us such as parents, siblings, peers, etc. The effect of each alternative on others should be considered while making a decision.

- **Choose one alternative :** After carefully considering each alternative, choose the alternative that is most apropriate based on your knowledge, values, morals, religious upbringing, present and future goals and the effect of the decisions on other important people in your life.

- **Implement the decision :** Do what is necessary to have the decision carried out the way you want it to be. It may be necessary to develop a step by step programme with a time table to make sure that things get done.

SECTION - 6

CONTRACEPTION : BIRTH CONTROL METHODS

Duration : 15 minutes

Contraceptives or birth control methods are methods which are used to prevent conception and avoid a pregnancy. This section will deal with the various types of contraceptives available.

Specific Objective

1. To get acquainted with the different contraceptive methods available.
2. to discuss the advantages and disadvantages of each contraceptive method.

Methodology

★ Introduction and statement of objectives (above) followed by a plenary session.

Materials

★ Transparencies/slides/charts to introduce the objectives and the subject matter (given at the end of this section).

★ Overhead/slide projector.

★ Blackboard and chalk/flip charts and marker pens.

★ Samples of different contraceptives - all available brands of each contraceptive should be displayed on a table (preferable, two similar displays may be arranged on two separate tables - one for the female participants, and one for the male participants).

★ A measuring tape.

Procedure

1. Introduce the objective of the session using the slide/transparency/chart.
2. With the help of transparencies/slides/charts explain the different types of contraceptive methods.

Slide 1 : Contraceptive Methods

This matter could also be put on a chart or on the blackboard.

Contraceptive methods

Reversible (temporary) methods

Irreversible (permanent) methods

Natural Methods	Mechanical Methods	Chemical Methods	
			Vasectomy Tubectomy
Rhythm Method	Intrauterine	Oral Pill	
Calendar Method	Device (IUD)	Spermicide	
Temperature Method	Condom		
Mucus Method	Diaphragm		
Coitus Interruptus			

Slide 2 : Reversible (Temporary) Methods

Reversible methods are used only during that particular period when a pregnancy is not desired. If the practice of a reversible method is discontinued, pregnacny can occur.

Slide 3 : Natural Methods (Temporary)

1. These are methods where in no chemical or mechanical device is used.
2. The two natural methods are the rhythm method and coitus interruptus.

Slide 4 : The Rhythm Method (Natural)

1. Relies on the safe period
2. The Safe period is the time when the egg cell is not likely to be present in the womb.
   - The egg cell is produced usually 12 to 16 days before the next menstrual period.
   - The egg cell lives for about 2 days.
   - The male sperm can live for 3-5 days in a woman's body.
   - If sexual intercourse takes place during this period, pregnancy can occur.
3. The success of the method depends on the regularity of the menstrual cycle.
4. Its success also depends on precise calculations of the "Safe" days.
5. This is not a suitable method if the menstrual cycle is irregular.

Slide 5 : Rhythm Method - Safe Period Method (Natural)

The safe period can be calculated by the -

1. Calendar Method
2. Temperature Method
3. Mucus Method.

Slide 6 : Rhythm Method - Calender Method (Natural)

1. Record the menstrual cycle (in days, counting Day 1 as the day when bleeding starts) for 6 months to a year.

2. Count the number of days between the beginnings of each period. Note the longest and the shortest menstrual cycles.

3. Subtract 18 days from the shortest cycle. This is the first "unsafe" day. For example, if the shortest cycle is 26 days, then, 26 - 18 = 8, that is, Day 8 or the 8th day from Day 1 of the next menstrual cycle will be the first "unsafe"day.

4. Substract 11 days from the longest cycle. For example, if the longest cycle is 31 days, then 31-11=20.

5. Count off this number, that is, 20 days from Day 1 of the menstrual cycle. This gives the last "unsafe" day.

6. So in this example. Day 8 to Day 20 of the menstrual cycle is the "unsafe" period - the days when pregnancy can occur.

Slide 7 : Rhythm Method - Temperature Methode (Natural)

1. Ovulation (that is, the release of the ovum or egg cell form the ovary) takes place around the middle of the menstrual cycle.

2. The body temperature drops slightly during ovulaiton.

3. The body temperature rises immediately after ovulation and remains elevated for three days.

4. These three days are the "unsafe" days (days when pregnancy can occur).

5. The temperature should be checked each morning before getting out of bed with a special graded thermometer availabel for this purpose.

Slide 8 : Rhythm Method - The Mucus or Billing Methode (Natural)

1. A few days before ovulation the amount of discharge from the vagina increases and becomes thin, clear, slippery and elastic.

2. Intercourse should be avoided for four days after the peak day of the slippery discharge, as these are the "unsafe" days.

Slide 9 : Coitus Interruptus (Natural)

In this method of contraception the semen is prevented from entering the vagina by the penis being withdrawn prior to ejaculation. As sperm may be present in the fluid that is discharged prior to ejaculation and as sperms are capable of entering the vagina if ejaculation has occured close to the entrance, pregnancy can occur.

Slide 10 : Natural Methods

ADVANTAGES

- Requires no speical device beyond a calendar and a special thermometer.
- Does not present a health problem.
- Is difficult to use if literacy level is low.

DISADVANTAGES

- Requires abstinence from sexual Intercourse for over one third of the menstrual cycle.
- Interferes with spontaneity Is not effective when the menstrual cycel is irregular.

Slide 10 : (contd.)

ADVANTAGES

Coitus Interruptus

- Requires no speical device
- Does not present a health Problem.

DISADVANTAGES

- Casn be frustrating to one or both partners.
- Reliability in preventing pregnancy is low.

Slide 11 : Mechanical Methods - Reversible

The three mechanical methods of contraception are the

1. Intrauterine Device (IUD)
2. Condom
3. Diaphragm

Slide 12 : The Intrauterine Contraceptive Device (IUD), (Mechanical ; Reversible)

1. The IUD is small, flemble and of different sizes and shapes.
2. It is inserted into the womb by a doctor.
3. It can be left in place for 2 - 3 years.
4. It is not suitable for a woman who has not delivered a child.
5. It is a safe and reliable method.

Slide 13 : Condom (Mechanical; Reversible)

1. The condom is a rubber sheath which is rolled on to the erect penis during sexual intercourse.

2. It prevents pregnancy by stopping the semen containing the sperm from entering the vagina.

3. It offers the surest method of protection against STIs including HIV/AIDS.

4. It should not be washed and re-used.

Slide 14 : Diaphragm (Mechanical; Reversible)

1. The diaphragm is a thin soft rubber cap.

2. It is inserted in the vagina and fits over the mouth of the womb.

3. This prevents semen from entering the womb.

4. It should be used with a spermicidal jelly, foam or cream for greater effectiveness.

5. A doctor is needed to determine the correct size of the diaphragm and to recommend the name of the spermicidal to use.

6. It can be inserted six houre before sexual intercourse and may be left in place for about 24 hours whether or not intercourse takes place.

7. It should be washed gently with mild toilet soap, dried and dusted with unscented talcum powder when not in use.

8. Gaining or losing more than three kg. in weight, or having a baby or a miscarriage or abortion, may cause the size to change. In such cases, the woman should have the size checked by the doctor.

Slide 15 : Mechanical Methods (Reversible)

	ADVANTAGES	DISADVANTAGES
The IUD		
	* Does not have to be inserted frequently so spontaneity not affected.	* Can cause bleeding, so needs to be used under medical supervision
The Condom		
	* If used as direction, is one of the most effective methods of not only preventing a pregnancy but also STI/ HIV/AIDS	* Can interfere with spontaneous sexual activity. * Can minimally reduce excitement in the male.
	* Does not require medical Supervision * Low or no cost * Portable - can be carried in the pocket * Can increase sexual pleasure in the woman by (the possible) dealy in ejaculation. * Does not pose health problems.	
The Diaphragm		
	* Is portable. * Does not pose a health problem if used as directed. * Is highly reliable if used with a spermicide or condom. * Does not interfere much with spontaneity as it can be inserted ahead of time.	* Can cause pregnancy if not inserted properly or is damaged.

Slide 16 : Chemical Methods (Reversible)

There are two chemical methods -

1. **The oral** pill which is taken by mouth. It works by stopping the female egg (ovum), from fertilization.

2. **Spermicides** are chemical preparations that are placed in the vagina shortly before sexual intercourse. They act by killing the spermatozoa deposited in the vagina during sexual intercourse thereby preventing them from meeting the ovum. Spermicides come in the form of foam tablets, cream jelly and suppository. They are available at a chemist's shop and can be bought without a prescription. Spermicides should be used either with a diaphragm or a condom to give maximum protection.

Slide 17 : Irreversible (Permanent) Methods

These methods are called irreversible because attempts at reversing them may not be successful. Also, the sophisticated surgical equipment required for a reversal operation is not easily available in our country and, if available is expensive. These methods are vasectomy in the male, and tubal ligation (or tubectomy) in the female.

Slide 18 : Vasectomy (Permanent/Irreversible)

Vasectomy : is the operation in the male. It involves the cutting and tying of the man's vas or the tubes which carry the spermatozoa formed in the testes to the ejaculatory duct.

- ★ Prevents the spermatozoa from being expelled in the semen during ejaculation.
- ★ Takes ten minutes to perform under local anesthesia and does not require hospitalization.
- ★ Does not eliminate the spermatozoa which are in the tubes before they are cut. Therefore, some other form of contraception should be used for at least six weeks (or fifteen ejaculations) after the vasectomy has been performed.

Slide 19 : Vasectomy (Irreversible/Permanent) Contd.)

Vasectomy does not -

- ★ interfere with a man's sexual arousal.
- ★ does not interfere with a man's sexual performance.
- ★ does not interfere with the release of semen.

Slide 20 : Tubal Ligation (Irreversible/Permanent) Contd.)

Tubal ligaiton or tubectomy is an operation performed in the woman, wherein the two fallopian tubes on either side of the ovaries are cut and closed, thus preventing the ovum from meeting the spermatozoa.

Slide 21 : Tubal Ligation (Irreversible; Permanent) (contd.)

Tubal ligation -

★ Requirs little or no hospitalization.

★ Does not cause weight gain or backaches.

★ Does not cause menstruation to stop.

SLIDE 22. Medical Termination of Pregnancy (MTP)

MTP is legally available in our country under certain conditions such as danger to the health/ life of the mother, contraceptive failure, and so on.It is performed safely, upto 12 weeks of pregnancy, in a recognised MTP clinic. However, repeated abortions can have an adverse effect on the woman's health. Therefore, a contraceptive method should be used to avoid unwanted pregnancies. MTP is not a contraceptive method.

Note for the Trainer

1. Allow time for questions and discussion after the last slide has been displayed.

2. Diagrams of the female and male reproductive systems will facilitate this session, and should be displayed on chart paper or on the blackboard.

3. Two tables each with a complete display of the contraceptive devices available should be arranged - one at the back of the room and one in the front. All available brands of each contraceptive should be represented in both the displays. If this is not possible the brand name should be listed on a chart and displayed near the table. It may be a good idea to designate one table each for the male and female participants. This will enable the trainees to examine the contraceptive methods / devices without embarrassment.

SECTION - 7

SAFER INTIMACY OPTIONS

Duration : 15 Minutes

Forming relationships is a normal part of growing up. As a relationship progresses, it leads to different levels of intimacy. Physical intimacy is normal for two persons who care about each other. However, it must be stressed that relationships bring with it responsibilities and it is important to learn how to cope with the responsibilities. Young people need to recognize the fact that while sexual desire may be a normal urge, indulgence in it is something that requires a lot of maturity. A good example is a school-going child who may want to drive a car but cannot do so unless he/she reaches the age of 18 and gets a licence - a social/legal sanciton to protect both the driver and others.

There are other ways in which two people can be intimate without the associated dangers of sexual intercourse or penetrative sex.

Specific Objective

1. To identify safer methods of intimacy as compared to sexual intercourse.
2. To understand one's own attitude towards these alternatives.

Methodology

★ Group exercise followed by discussion.

Materials

★ Flip charts and markers/blackboards and chalk.

Procedure

1. Divide the participants into groups of not more than eight persons per group.
2. Ask each group to identify' five intimacy options.
3. Ask them to rank them as "Safe", or "Not Sure.
4. Have the group re-assemble after ten minutes.

5. Ask each group to present their findings and list them on the chart or blackboards.

6. Help the participants to correct misinformation such as - oral sex although it is not penetrative is not absolutely safe. (If the person has ulcers or cuts in the mouth or stomach, he/she can get HIV form an infected partner).

7. Discuss the findings of the groups, focusing on the following -
   - What did they feel about these alternatives ?
   - How many of them felt this is not a real alternative ? If so why'?
   - Are these alternatives realistic or possible ?
   - What prevents these alternatives from being as popular as penetrative sex'. ?

8. Finally, with the help of the visual given below, conduct a brief discussion about safer intimacy options. Emphasize that it is possible for two persons to derive sexual pleasure from each other without indulging in penetrative sex.

SAFER INTIMACY OPTIONS

- Hugging/Cuddling/ Common bathing showering
- Talking in a sexually stimulation manner
- Massage
- Fantasy Undreesing the other partner
- Talking love Kissing (closed mouth)
- Abstinence Mutual Masturbation
- Kissing parts of the Body
- Open mouth kissing
- Masturbation
- Necking (Kissing the part of One's face and neck
- Petting or stimulating each other's bodies while dressed

SECTION - 8

CONDOM DISCOVERY

Duration : 15 Minutes

The earlier sessions have emphasized the correct use of the condom from the start to the end of every sexual act as the best way to protect oneself from STIs and HIV/AIDS. However, knowing that the condom provides protection is not enough. It is more important to know how to use the con-dom correctly and to be able to impart this preventive knowledge to your peers and to other young people without feeling uncomfortable. Young people are often embarrassed to ask questions about the proper use of condoms and to clear their doubts and anxieties about its use. Humour and a light-hearted, non-moralistic approach are essential to make young people relax and ask questions or clear their doubts without embarrassment.

Specific Objective

1. To feel at ease while talking about or handling condoms.

2. To answer questions about condoms in a fun-filled environment and with hands-on experience.

Methodology

★ A small group exercise followed by a plenary session.

Materials

★ Display trays containing different brands of locally availabel condoms (one tray for each group).

★ A large number of condoms. Water in cups and glasses.

Procedure

1. Say :

   "In this session, we will talk about condoms and how to use them correctly. Let me add that staying away from sexual activity or indulging in it responsibly is the best option. However, you also need to know what to do if you are involved in a situation where sexual activity is to occur or when you have to advise somebody about it. It is very important that by the end of this day you become comfortable with condom and know how one can protect oneself from HIV/AIDS and other STIs".

2. Divide the participants into groups of not more than eight members per group. Give at least two condoms to each participant.
3. Ask the participants to blow one condom into as big a balloon as possible. Emphasize that while blowing it, they should feel its texture and also observe the nature of the lubricant in the condom.
4. Measure the condom balloon that looks the largest with a measuring tape.
5. Identify the partcipant who has the biggest balloon in each group and among all the groups. You may wish to award prizes to these participants.
6. Praise all the participants for being bold enough to handle the condoms and do this exercise.
7. Next, ask the participants to open one condom, put a little water in it and observe whether it leaks or holds water; whether it breaks easily when wet, and if so, what caused it to break. Specifically ask the participants to feel the smoothness and the very thin layer of rubber over their fingers.
8. Give each group a display tray with the different brands of condoms available locally.
9. Ask the group members to examine the contents of the tray.
10. Take the trays back.
11. Ask the following questions.
    - How many brands/types of condoms did you see?
    - Why should there be several types/brands of condoms?
    - Do you know of any other types/brands?
    - What are the prices of the different brands of condoms?
    - What information was given on the different condom packages ?

Note for the Trainer

This is a session which has to be handled with sensitivety. Initially, there may be a lot of resistance but as the session proceeds the participants will become more relaxed. Especially when there are mixed groups of boys and girls there should be facilitators in each group to ensure that there is no tendency to ridicule or use language which others feel embarassed to hear or are very uncomfortable with.

This exercise can be noisy. It also needs space and time. Visit each of the groups during the exercise but intervene only if any clarification or encouragement is needed.

SECTION - 9

CONDOM DEMONSTRATION

Duration : 15 Minutes

This session usually blends into the previous session on condom discovery. While it is important to be comfortable while handling or talking about condoms, it is equally important to know how to use the condom correctly.

Specific Objective

1. To learn more about condoms and how to use them.
2. To learn how to explain and demonstrate condom use to others.

Methodology

★ A plenary session

Materials

★ Condoms normally available locally.

★ Plastic or wooden models of a penis or alternatives such as a cucumber, banana, etc.

★ A card for each participant with a pictorial illustration of the correct use of the condom along with a written explanation.

Procedure

1. Ask for volunteers from among the participants to come and demonstrate to others the correct way of using a condom. Mention that it is perfectly alright not to know the correct way to use it but if anyone can demostrate the way they think it should be used, "then it will be possibel to learn the common mistakes and common problems relating to correct use. In addition to putting the condom on the model of the male organ, the volunteer should describe how and where to purchase it, store it and dispose it off.
2. Have one or two more volunteers demonstrate the correct use and disposal of the condom using the model of the male organ.

3. Give specific information about where condoms can be obtained from, how to store them. Where to avoid keeping them, for example in back pockets where they can be damaged etc.

   - Say that before the condom is used. The person should examine the package for any holes or tears and cheek the expiry date on the package.
   - Tear the condom pack from the siege in such a way that finger nails or sharp instruments do not damage the thin rubber latex of the condom.
   - Describe and demonstrate the process of unrolling the condom on the model of the male organ (cucumber, banana, plastic or wooden model of the penis). Emphasize specifically, the need to press the tip of the condom to ensure that no air is trapped in it, and to unroll the condom all the way down to the base of the penis. Add that the condom should be worn when the penis is erect and not when it is flaccid.
   - Explain briefly about lubricated condoms. Specifically mention that no oily lubrication of any kind should be used as oils can dissolve or damage part of the latex causing holes that can allow free passage of the HIV and other infectuous germs, thus leading to disease.

4. Using the mode of the male organ demonstrate how the condom should be gently removed while holding on to the base of the condom so that it does not slip off. The condom should not be rolled again while taking it off. Care must be taken to ensure that its contents are not spilled when taking it off.

5. Describe how the condom should be disposed off. Say that a knot can be tied at the open end before throwing away the condom. The condom should not be flushed in the toilet as it can choke drains. It should not be thrown in the open as it can be messy and be exposed to rag pickers and others. It should be wrapped in paper, or put in a used envelope or an empty match box and thrown in a garbage can. Condoms should never be used more than once.

6. Wind up the session with the following questions for discussion :

   - How did you feel about this activity ?
   - Did you feel strange or uncomfortable ? If so, with what and why did you feel uncomfortable ?
   - Describe cultures, religions and families have different views about whether it is right to use condoms or to talk about them openly. What are the barriers to condom use and its acceptance in your culture or family ?
   - Do you feel differently about condoms than you did before ? If so, how have your views changed ?

   (It is not necessary to ask all these questions to every group. Ask only the relevant questions depeding on the enthusiasm and age of the participants. Further, the number of questions discussed will depend on the time available).

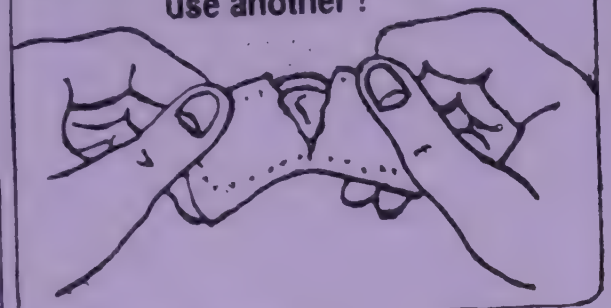
7. Emphasize that this session is for learning and acquiring the skill to teach the correct use of the condom without any embarrassment. Explain that it can cause embarrassment but that it is imperative to spread such preventive knowledge in the face of the HIV epidemic in the country. Stress that in safe sex, abstinence plays the most important role as does nonpenetrative sex. Hence, the fact that condom use has been discussed during this session does not mean that individuals should indulge in penetrative sexual intercourse indiscriminately.

Note for the Trainer

The group is likely to be more serious during this activity than during the earlier one. Even so, there may still be some embarrassed laughs. Encourage the participants to share their embarrassment and discomfort and its source, to talk about their homes, culture and to be open to different ideas. Of course, the facilitator himself or herself should be comfortable while conducting this session.

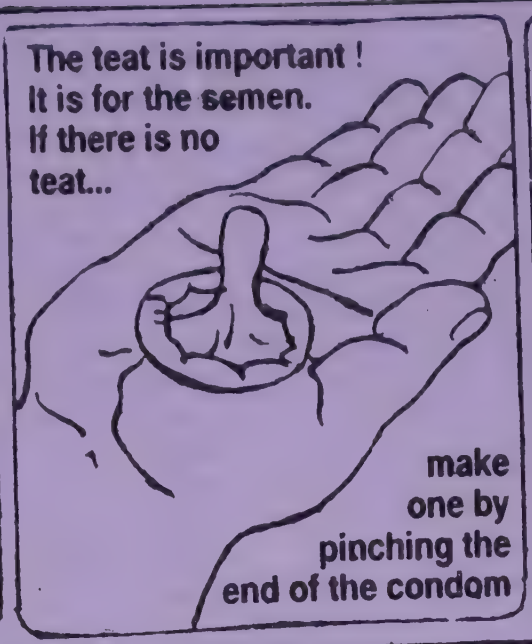
how to use a condom

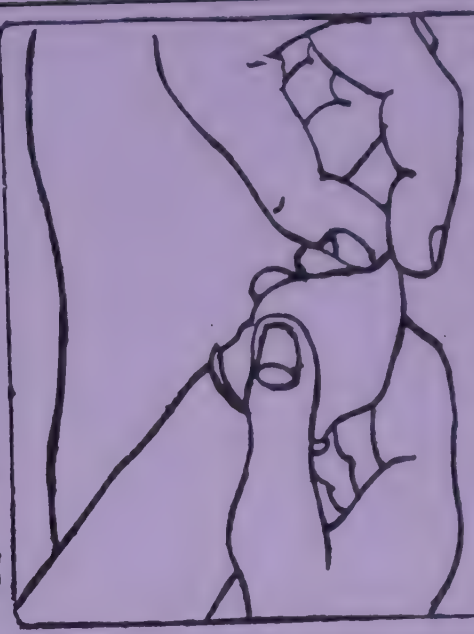
Open sealed wrapper with care. Take care not to damage the condom. If you do damage it use another !



The teat is important ! It is for the semen. If there is no teat...

make one by pinching the end of the condom



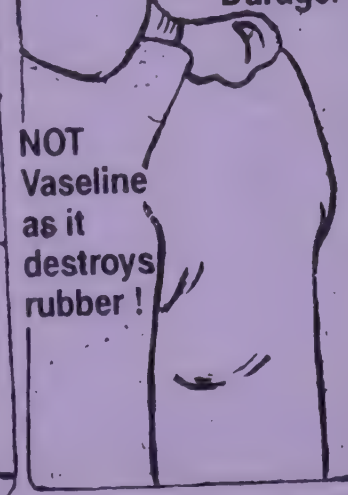


Squeeze the air out of the teat. If you forget to do this, it may break.
Put rolled-up condom onto tip of erect penis like a little hat.

Unroll down the entire length of the penis.

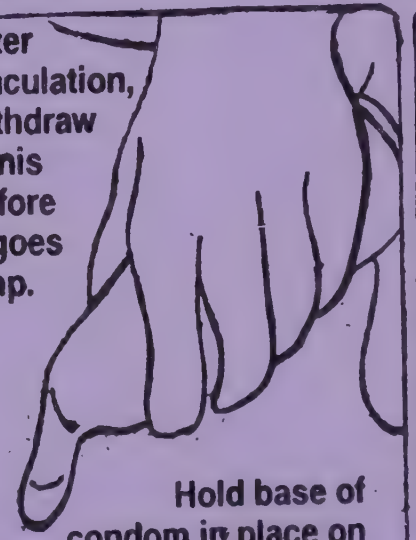
Add a blob of WATER - BASED lubricant K.Y. Jelly or Duragel

NOT Vaseline as it destroys rubber !

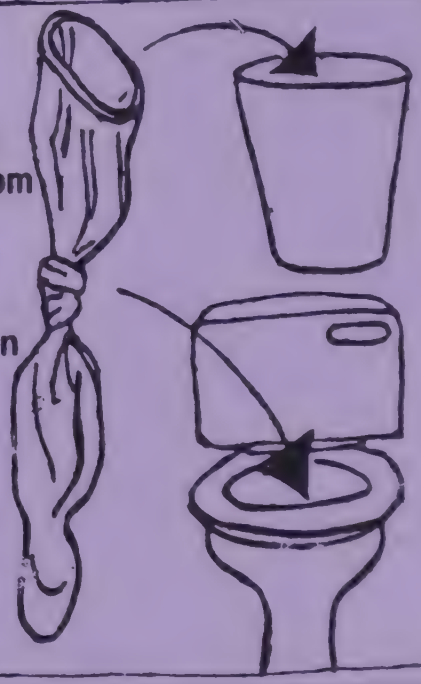


After ejaculation, withdraw penis before it goes limp.

Hold base of condom in place on penis to prevent spills



Tie knot in condom (after taking it off !) Wrap it in tissue and flush it away or put it in a bin.



CHAPTER - 9

COMMUNICATION PROCESS AND SKILLS

Chapter - 9

SECTION - 1

COMMUNICATION PROCESS AND SKILLS

Duration : 1 hours 30 minutes

This session attempts to provide theoretical knowledge and experiential understanding of the aims and desired outcomes of communicating effectively to groups.

Specific Objective

1. At the end of this session the participants will -
   - be able to appreciate the importance of communication in bringing about behaviour change
   - know about different types of communication and barriers of effective communication.
   - Understand the impact of different types of communication.

Methodology

- ★ Lecture / discussion
- ★ Role play.

Materials

- ★ Transparencies/slides : flip charts / blackboard.
- ★ Overhead/slide projector; chalk/marker pens.

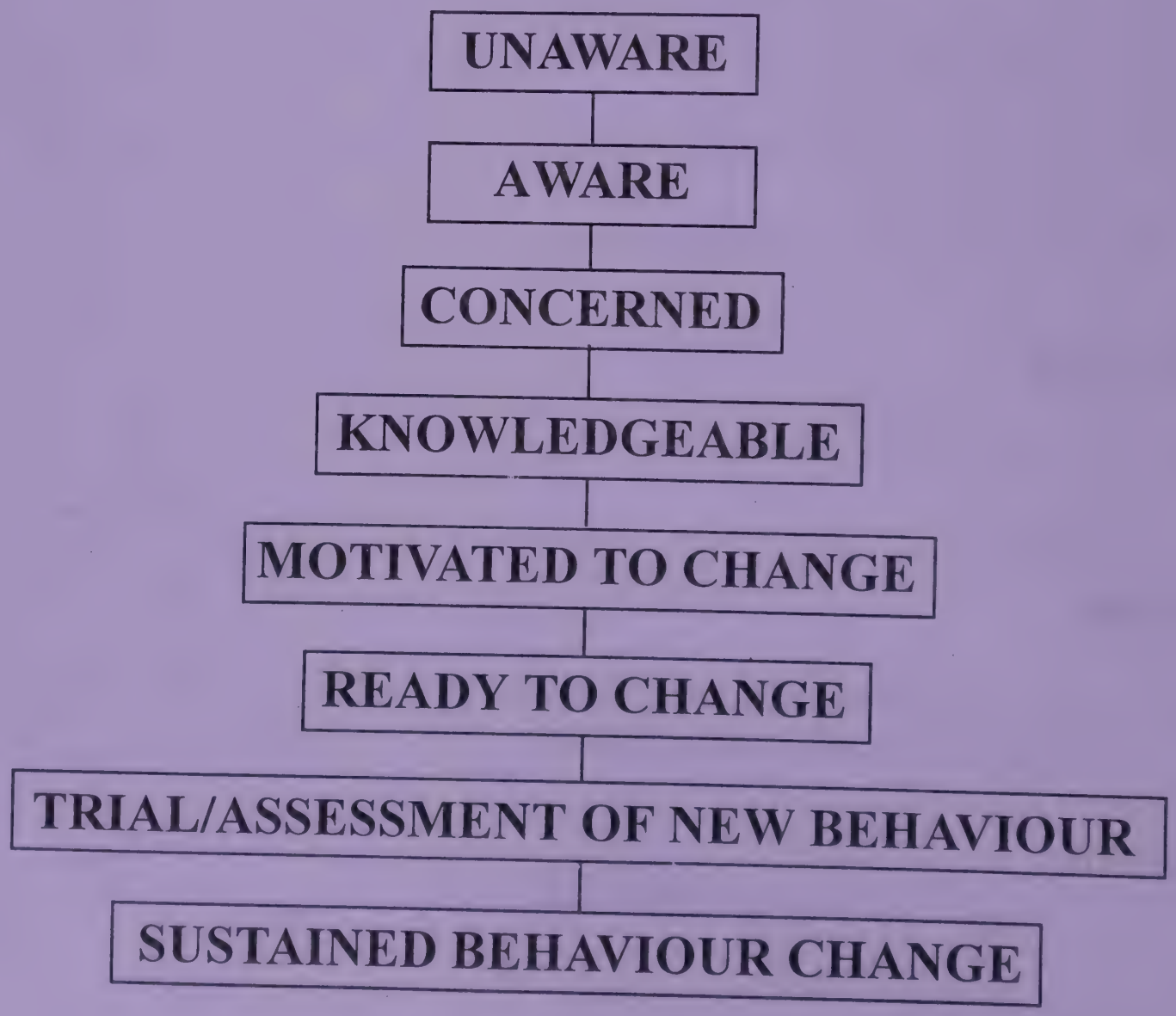
Procedure

ACTIVITY A

1. Display the visual.
2. Explain the visual using the explanatory note following it.

THE PROCESS OF BEHAVIOUR CHANGE THROUGH COMMUNICATION

A MODEL



Take the example of smoking. You can be educated about the ill effects of smoking and your ignorance can change to awareness. However being aware is not enough. You have to personalise the awareness to cause concern. The combination of awareness and concern will motivate you to acquire more knowledge. This will result in motivation to change, that is give up smoking. However, a readness to change is also necessary before change can occur. This involves being prepared to cope with the anticipated discomfort of changing your present behaviour to a new one. In the case of smoking, it may be peer pressure or possible physical uneasiness. Only a readiness to change can result in willingness to change your behaviour (that is, to stop smoking), perhaps with some anxiety. The experiences you have as a result of your new behaviour (not smoking)' and your ability to deal with them effectively will determine if your changed behaviour will be continued.

Any change is threatening. To sustain the process of changes, the communicator needs to build up support systems like peer groups, school teachers, parents, the media, etc. The support systems help the individual to change behaviour which then becomes satisfying. Experiences which are satisfying strengthen decision making. Satisfaction leads to commitment. Thus, behaviour becomes internalized. This, in turn, leads to habit formation and finally a way of life.

Emphasize that

1. Merely providing information and theoritical knowledge (IE) is not enough.
2. It is essential to motivate young people to reflect upon and analyse their beliefs and behaviour before they can be convinced of the benefits of acceptable alternatives.
3. Young people are strongly influenced by the responses of their peers when any information is conveyed to them in a group setting.
4. Two-way communication is more effective, therefore opportunities for questions and discussion should be provided.

Preparing a Talk

Materials

★ Sufficient paper, pencils, blackboard and chalk, chart, paper, markers for four groups.

Procedure

1. Divide the participants into four groups.
2. Instruct each group to prepare an information-giving session for college students on STIs or HIV/AIDS within 20 minutes.
3. Re-assemble after 20 minutes.
4. Ask each group to make a presentation of their session in five minutes.
5. After each presentation have the person presenting discuss the following points (give five minutes).

   - Was the communication effective ?
   - What could have been conveyed differently ?
   - Was the communication assertive / passive / aggressive / defensive in answering questions ?
   - Point out that two sets of communications were observed - sender and receiver. The group presenting was the sender while the others were receivers.
   - Explain the different types of communication.

6. Discuss "Barriers to Communication" and "Effective Communication".
7. Give suggestions for handling awkward questions and discuss.
   - Invite suggestions on handling awkward questions and discuss.
   - Give other guidelines for effective communication.

TYPES OF COMMUNICATION

Accountable Communication begins with "I" statements. These take responsibility as opposed to "You" statements which lay blame e.g. "I am feeling uncomfortable as opposed to "You make me feel uncomfortable". Blaming shuts down communication.

Assertive Communication is communicating by clearly stating your thoughts and ideas confidently and at the same time respecting the others involved in the communication. It is usually the most effective way of communicating.

Aggressive Communication is communicating by forcing your desires or opinions without taking the feelings of others into consideration. Aggressive responses can be hurtful and provoke retaliation.

Passive Communication is communicating by playing down your feelings and ideas so that others make all the decisions, leaving you ineffective and making you resentful.

All the above types of communication are verbal and involve the use of language. However, there is yet another type of communication which is equally important, and that is non-verbal communication. This is also known as body language, and is conveyed through the person's posture, facial expressions, gestures, etc. All communication is influenced by one's experiences, attitudes and feelings.

BARRIERS TO COMMUNICATION

- ★ Crowd information and not calssify information properly.
- ★ Indicate a conflict between his/her ideas and emotions.
- ★ Make a negative perspective evident unknowingly.
- ★ Use aggressive, derogatory or incisive language.
- ★ Be judgmental.
- ★ Give readymade solutions to all problems.
- ★ Speak in a threatening, dictating or ridiculing tone of voice.

The receiver may

- ★ Be apathetic or disinterested.
- ★ Think he/she knows more.
- ★ Having opposing ideas.
- ★ Be hostile.
- ★ Indulge in a prolonged discussion before acceptance.

Both the sender's and the receiver's communication can be influenced by

- ★ Cognitive factors - intelligence, memory, thoughts, ideas, likes, dislikes.
- ★ Past experiences.
- ★ Misconception and preconceived ideas about sexuality, STIs, HIV/AIDS.

EFFECTIVE COMMUNICATION DEPENDS ON -

- ★ Clarity of objective and knowledge of the subject.
- ★ The ability to speak in a language that is simple and easily understandable to the receiver.
- ★ Prior planning of what, why and to whom to communicate. This is an on going process.
- ★ Good organization of the content to be communicated. It should neither be too much nor too little.
- ★ Empathetic sensitivity to the person or group of persons with whom one is.
- ★ A non-judgemental attitude.
- ★ A proper balance of fact and feelings.
- ★ Skill in using different media (modes of communication).
- ★ Providing feedback for improving future communication.

SECTION - 2

COMMUNICATION TOOLS

Duration : 45 Minutes

The trainer needs to be familiar with various communication tools in order to enchance the quality of his/her presentation. In this session, the participants are acquainted with contemporary tools/methods of communication.

Specific Objective

1. To become familiarized with various communicaiton tools.

Methodology

★ Lecture / demonstrastion.

Materials

★ Slide/transparency or chart/blackboard bearing a list of the communication tools (given below).
★ Slide/overhead projector, chalk/markers of different colours.

Procedure

1. Display the visual aid given below :

SOME COMMUNICATION TOOLS

In addition to a talk or lecture one can use.

1. Discussions (two way, small groups, panel, debates)
2. Role Play
3. Visuals - drawings, pictures, maps, graphs, slides, transparencies.
4. Flip Charts
5. Case studies
6. Fables/story telling
7. Puppets
8. Posters
9. Audio-visuals.

2. Explain and discuss each communication tool

★ **Discussion** enables people to express their opinions based on their own experiences. Listening to the opinions of others may broaden or change one's own opinion and clarify one's ideas, attitudes and values and change behaviour.

★ **Role play** involves presenting short real life situations in drama form. The ideas for role play may be given by the trainer or requested from the participants.

In role play, the person assumes someone else's character. We can learn about our own behaviour, attitudes, etc., through role play. We can practice situations before experiencing them in real life, e.g., a role play about asking a pharmacist for a condom. This is easier than expressing one's own ideas or emotions directly.

The trainer should give a situation to the group and ask it to play the parts of the people involved in that situation. Be careful no to portray a real life situation which can be identified. Also, if possible, avoid using the names of any of the participants.

After the role play is over -

- Ask each "actor" how he/she feels. Whether he/she is happy with the outcome and what could be done to solve the problem.
- Invite the other participants to ask questions and discuss the role-play.
- Ask the "actors" to derole-do this by asking, them to state their own names and to go back to their own seats.

★ **Visuals** are useful for drawing people's attention to a topic, to help them remember the material that is presented. They are also helpful in illustrasting a point and making the topic more interesting.

When selecting visual materials to use as part of a presentation or activity, make sure that they -

- Show local situations and people who look and dress like local people.
- Are large enough to be seen clearly from the back of the room.
- Are clear enough to be understood.

A pointer could be used to draw attention to a particular section as required.

★ **Flip charts** contain either a series of pictures which tell a story or a series of black papers for writing information about the subject under discussion or for illustrating it.

Pens, pencils, felt markers, paint, charcoal or coloured chalk will be needed to write on the flip chart.

★ **Case studies** describe a situation or a problem. They can be designed to give people information and help them to consider their attitudes and values or discuss the skills they might need to deal with a problem. Present the case study in written form on a blackboard/chart and make sure that all the participants have understood it.

★ **Fables / Story telling** is an elective method of providing information. It takes only one person to tell story so it is cost effective.

Use traditional characters and names from your culture / blackground to add to the appeal and impact of the story. Fables often involve animal characters and are therefore, non-threatening. They are stories which teach a lesson and therefore, can be developed to contain messages about AIDS.

Demonstrate this method of communicaiton by asking the group to collectively make up a story/fable.

★ **Puppets** are another effective means of communication. Demonstrate their Use.

★ **Posters** are effective means of communication.

The group can be divided into sub groups and asked to prepare posters on given topics.

★ **Audio visuals** (slide, shows, video cassettes) are the most effective tools for communicating messages but may be impracticl because of the cost of the equipment and prograsmmes. If video cassettes are available they should not be used to cover the entire session. If you do, stop the information-giving programme after every few minutes and invite questions for discussion. If the video tells a story, wait till the end to discuss it. Make sure you have seen the video before you show it to the group.

Audio visuals should as far as possible portray local characters and dress. The content should be suitable, the language should be simple and clearly spoken.

SECTION - 3

CONTENT OF COMMUNICATION ABOUT HIV/AIDS

Duration : 30 Minutes

In a lecture-cum-discussion, the message is effectively conveyed if certain main points are repeated more than once at different stages during the course of the lecture. In this section, the main message about HIV prevention will be covered.

Specific Objective

1. To understand the importance of organising the content of the topic to be presented.
2. To convey the main messages to be communicated when focussing on HIV transmission.

Methodology

★ Lecture-cum-discussion.

Materials

★ Overhead/slide porjector; backboard/flip chart.

★ Transparencies/slides, chalk/markers

Procedure

1. Display the visual given at the end of this section.
2. Explain it.

3. Stress that while conveying the above, one should -
   - ✶ Be specific and clear.
   - ✶ Be bold and willing to elaborate on any issue.
   - ✶ Avoid stereotyping, moralising and blaming.
   - ✶ Be flexible and modify the presentation to suit the needs of the group.

4. State that for effectively communicating a message, one should -
   - ✶ Study the target group in advane.
   - ✶ Practice all the exercises in advance.
   - ✶ talk loudly and clearly enough for those at the back to hear.
   - ✶ Use visual aids wherever possible to illustrate what is being said.
   - ✶ Use games or role play to ensure active participation of trainees.
   - ✶ Keep some time for questions-and-answers and discussion at the end of each session.

CONTENT OF THE VISUAL

The main messages to be conveyed regarding HIV/AIDS and its prevention :

- ★ HIV is avoidable.
- ★ HIV is not the same as AIDS.
- ★ There are four major routes of HIV transmission.
- ★ People who are HIV positive need much emotional support.
- ★ Discrimination against HIV positive persons harms AIDS control effort.
- ★ If the person has risky behaviour, the person must be helped to -
  - ■ Find out how he/she can modify his/her present behaviour so as to reduce the risk of HIV/AIDS
  - ■ Plan and prepare to change his/her behaviour to prevent the risk of HIV/AIDS.
  - ■ Develop strategies to change the pattern of behaviour so as to reduce the risk of HIV/AIDS.

CHAPTER - 10

PREPARING A PLAN OF ACTION

Chapter - 10

PREPARING A PLAN OF ACTION

Duration : 1 hour

The problem of HIV/AIDS has assumed serious proportions. If we do not act now, the infection will spread to all the districts of Andhra Pradesh more severely. The knowledge of student youth regarding this disease is very inadequate. Knowledge, attitude and Practice (KAP) studies have revealed that these young people receive information from colleagues and friends, through their own experiences, and from books. Imparting correct and complete information to them in an understandable form is therefore the need of the hour. In this section, we will learn how to prepare a Plan of Action for HIV/AIDS Prevention Education of Student Youth for our areas.

Specific Objective

1. To recapitulate the Programme of College Talk AIDS Programme for Student Youth, identifying the responsibilities at various levels.
2. To prepare a Plan of Action for HIV/AIDs prevention educatin for student youth.

Methodology

★ Lecture-cum-discussion, group discussions, home assignments.

Procedure

1. With the help of the visual aid recapitulate (in about ten minutes) the Andhra Pradesh Government's Programme of College Talk AIDS Programme for Student Youth as follows:

   ★ The main Objective of the Programme is :

   - To create awareness among students about AIDS and STIs so as to enable them to take informed decisions, knowing well the options.
   - The enabling objectives of the Programme are :

- To train trainers of the College Talk AIDS Programme.
- To Provide a list of Information, Education and Communication (IEC) activities that can be taken up by students with respect of College Talk AIDS Programme.
- To use students as peer communicators.
- To create a band of Lecturers with a knowledge of this subject.

★ The strategies to be adopted are :

- Involve the Health, Education and Social Welfare Department.
- Form a Co-ordination Committee at the District level.
- Involve non-governmental organizations (NGOs) working in the field of HIV/AIDS prevention.
- Obtain assistance from the APSACS of the Government of Andhra Pradesh.

★ Suggested activities for achieving the objectives are.

- Preparation of a Plan of Action by each district for College Talk AIDS Programme conduting one-day awareness programmes for principals.
- Training nodal teachers and student peer communicators.
- Preparing a calendar of events for the student's education.
- Monitoring.
- Review of the above activities by the District Nodal officer.

2. After this brief refresher talk on the objectives, strategies and suggested activities of the Colleges Talk AIDS Programme for Student Youth, ask the participants to prepare an Action Plan using the outline and formats provided.

3. Discuss a model plan and the formats to enable the participants to understand what was expected of them through this exercise.

OUTLINE OF PLAN OF ACTION

1. Set date by which the targets are to achieved.

2. Inform the District Education Officers and District AIDS Control Nodal Officers.

3. Conduct -
   - A one-day training programme for Principals.
   - Three-day training programme for Lecturers.
   - A one-day training programme for Peer Students.

4. Organise events to impart information on HIV/AIDS and related topics such as -
   - Songs
   - Dance
   - Ballets
   - Street plays
   - Drama
   - Exhibitions
   - Lectures
   - Debates
   - Brain-storming
   - Film shows
   - Stories - verbal and visual
   - Slogan writing, Rangoli and other competitions.

Note : The participation of prominent personalities in the above events is suggested to achieve maximum attendance.

FORMAT FOR ACTION PLAN

District_____

Period from _____ **to** _____

Block/Village/ Town	Name of the College	Type	Number of Teachers			Number of Students		
			M	F	T	M	F	T

Signature
Name (in block letters) :
Designation
Date :

CHAPTER - 11

Post-Training Evaluation

Chapter - 11

POST - TRAINING EVALUATION

Duration : 30 minutes

After three days of intensive exposure to HIV/AIDS and related subjects one would expect the trainers to have enhanced their knowledge about HIV/AIDs and STIs, and developed healthier attitudes about sexulity and towards HIV/AIDS. However, rather than assume that this is so, it is better to evaluate it objectively. This can be done by administering two questionaies : one, to assess their knowledge and attitudes through a Post-Training Questionnarie and comparing the responses with those given by them in the Pre-Training Questionnaire and second to assess their opinion regarding the training programme itself.

Objective

1. To asses the knowledge and attitudes of the participants about HIV/AIDS at the end of the training for evaluating the effectiveness of the programme.

2. To find out the participant's reactions to the training programme.

Methodology

★ Administration of a questionnaire.

Materials

★ A copy of the questionnaire (given at the end of this Section) for each participant.

★ A pen/pencil for each participant.

Procedure

1. Distribute the Post-Training Questionnaire.

2. Say :

"This is not a test. The information you give us in this questionnaire will be used for evaluating the effectiveness of the training programme. You should fill it out without consulting each other. You should try and answer all the questions frankly, and return it to me/us (designate who) within 30 minutes."

POST - TEST QUESTIONNAIRE

Part I - Evaluation of Participants "knowledge and Attitudes

Note for the Trainer :

Make copies of the Post- Test Questionnaire using exactly the same questions as in the Pre-Training Questionnaire to facilitate comparison.

Part II - Evaluation of the Training Programme

1. The training helped me to acquire knowlegde/skills on.

	VERY WELL	WELL	SATIS-FACTORY	NONE
	(1)	(2)	(3)	(4)

a) Human sexuality

b) Communicating sexual matters

c) Medical aspects of STIs

d) Medical aspects of HIV/AIDS.

e) Psychosocial aspects of HIV/AIDS

f) How to prevent HIV/AIDS

g) How to prevent HIV/AIDS-Skills

h) How to communicate information concerning HIV/AIDS.

i) How to adopt preventing behaviour & healthy lifestyle

j) How to develop a plan of Action for HIV/AIDS prevention.

2. Specify the expectations of the programme that you had that were fulfilled.

3. Specify the expectations of the programme that you had that were not fulfilled.

4. What aspect of an HIV/AIDS Prevention Education Programme would you like to be involved in ?

- Planning
- Organising
- Communciating information about AIDS to -
  - Your friends
  - Students groups
  - Other (specify)

5. List the five most important messages about HIV/AIDS that you received from this training progrmme.

6. Which teaching methodologies did you like the best ?

a) Lecture

b) Questions / Answers

c) Discussion

d) Demonstration

e) Participatory Exercises

f) Others

Note for the Trainer :

Compare the answers in Part I of the Post-Training Questionnaire with those in the Pre-Training Questionnaire to -

- Gauge the change in the individual trainee's knowledge and attitude.

- Gauge the change in the group's knowledge and attitudes.

This along with an analysis of Part II of the Post-Training Questionaire should give you a fair idea of how effective the training programme has been.

Appendix 1

SOME USEFUL REFERENCES

1. **Action For Youth : AIDS Training Manual.** League of Red Cross and Red Crescent Societies and the World Organization of the South Movement.

2. **Activities of Explore - Part I.** International Planned Parenthood Federation (IPPF), London, 1989.

3. **Activities of Explore Using Drama in AIDS and Family Planning Work** by Elizabeth Lynch with Gill Gordon. AIDS Prevention Unit, IPPF, London.

4. **AIDS Education :**
   Module I. Facts and Feelings About AIDS.
   Module II. Finding Out About AIDS in Your Community.
   Module III. Counselling with Family Planning Clients about AIDS.
   Module IV. Review of Infection Control for Family Planning Clinics.

   Published by the Institute for Development and Training (IDT) and the IPPF, London, 1989.

5. **AIDS Education for student Youth : A Training Meanual.** Department of Youth Affairs and Sports. Ministry of Human Resource Development. Government of India, New Delhi, 1993.

6. **AIDS Prevention : The Socio-Cultural Context** by Purnima Mane and Shubhada Maltra. Tata Institute of Social Sciences, Bombay, 1992.

7. **AIDS Prevention : What Maternal and Child Health Service Providers Need to Know.** World Health Organization (Mfflo) Regional Office for South East Asia, New Delhi, 1992.

8. **All About AIDS - A Workbook** by Sara Tucker, Gill Gordon and Laure Smit. IPPF Western Hemsphere Region Inc., 1991.

9. **All About AIDS - A Workbook** by Purnima Mane and Shubhada Maltra. Tata Institute of Social Sciences, Bombay, 1992.

10. **Challenger of AIDS** by Dr Khorshed Pavri, Bombay.

11. **Dangerous Love** by International Planned Parenthood Federation, London.

12. **Farnily Planning and the Health Professional.** Family Planning Association of India (FPAI), Bombay, 1990.

13. **Family Planning : Your questions Answered** by Jyoti Moodbidri, Family Planning Association of India, Bombay 1984.

14. **HIV Infection and AIDS** by Lina Deodhar. Vora Medical Publicaiton, Bombay, 1992.

15. **Th Parent, The Teacher and The Asolescent** by Mirian Thomas. Center for Sex Education. Counselling. Research and Training (SECRT), Family Planning Association of India, Bombay. 1983.

16. **Prashna Yuvakanche - Guptrog Va AIDS** (Marathi) by Dr. Anant Sathe. Pune Branch. Family Planning Association of India, 1993.

17. **Prangnaya : From Consciousness to Awareness** by Rashmi Pachawri Rajan. Documentation of the AIDS Resource Group of Madras Medical College, Madras. 1992.

18. **Preparing For Marriage.** Family Planning Association of India, Bombay.

19. **Preventing A Crisis : AIDS and Family Planning Work** by Gill Garden and Tony Kiouda. AIDS Prevention Unit, IPPF, London.

20. **Problems In Adolescent Sexually** by Sarla Mukhi. Family Planning Association of India, Bombay, 1982

21. **School Health Education to Prevent AIDS and Sexually Transmitted Diseases :** WHO AIDS Series 10. World Health Organization (WHO) in collaboration with the United Nations Education and Cultural Organization. Geneva, Reprinted 1992.

22. **Sex Education : Voices of Choices.** Edited by Anne De Braganza Cunha Published by SECRT, Family Planning Association of India, Bombay, 1992.

23. **Sex Education : What. Why. How and Who.** SECRT - New Delhi. Published by SECRT, Family Planning Association of India, New Delhi Branch, New Delhi, 1993.

24. **Talking AIDS - A Guide for community Work** by GIU Gondon and Tony Kiouda. AIDS Prevention Unit, IPPF. London, 1988.
AIDS Par Baatcheet (Hindi Translation) by Manju Verma, Family Planning Association of India, Bombay, 1994.

25. **Teenagers Ask : The doctor Answers** by Dr. M.C. Watsa. SECRT, Family Planning Association of India, Bombay, 1975.

Appendix 2

GLOSSARY

The meaning of the words given below are with reference to their use in this Manual and do not necessarily apply in other contexts.

AIDS - Acronym for Acquired Immune Deficiency Syndrome. It is a fatal disease that impairs the body's ability to fight infection and cancers. At present there is no cure for the immune deficiency created by the virus.

Anal intercourse - The act of inserting the penis into the anal passage.

Abstinence - Refraining from sexual intercourse.

Breasts The milk-producing glandular organs of the female.

Bisexual Having sexual affinity to both sexes.

Body fluids - Fluids manufactured by the body like blood and blood products, semen, vaginal secretions, etc.

Clitoris - A small pea - shaped organ located at the mouth of the vagina. It is highly sensitive and is the seat of sexual pleasure.

Contraception - Use of a device or drugs to prevent pregnancy.

Condom - A contraceptive used by the male. Consisting of a rubber or gut sheath that is drawn over the erect penis before sexual intercourse, to prevent pregnancy and STD/HIV infection.

Ejaculation - The expulsion of semen, usually at the climax (orgasm), as a result of stimulation of the penis.

ELISA Test - ELISA is an acronym for Enzyme Linked Immunosorbent Assay - a test used to detect the presence of antibodies of HIV Indicating exposure to the AIDS virus.

Erection - The stiffening and enlargement of the penis usually as a result of sexual excitement.

Heterosexuality - Sexual attraction to or sexual activity with members of the opposite sex.

HIV - Stands for Human Immunodeficiency Virus. It is the virus, which causes AIDS. It renders the Human Immune system deficient and unable to resist infection and the development of certain cancers.

HIV Antibody Test - This test (inaccurately called the AIDS test) refers to the ELISA test used to detect the presence of antibodies to HIV indicating that a person has been exposed to the AIDS virus. A second test. The Western Blot is used to confirm reactive (positive) Elisa tests.

Hymen - the membrane that partly covers the external opening of the vagina in most virgin females.

Incubation period - The time between initial infection and the onset of the disease. In the case of AIDS, this stage can take from a few months to several years.

Immune deficiency - Describes the condition in which a person's immune system cannot protect the body resulting in an increased susceptibility to various infections and cancers.

Immune system - This system defends the body against infections and diseases.

Masturbation (noun) - Self-stimulation of the genitals.

Menstruation - The lining of the womb which breaks down when fertilization of the ovum fails to take place, and is expelled through the vagina along with some blood over a period of about 3-4 days.

Night emission (nocturnal emission). Involuntary male orgasm and ejaculation of semen during sleep. - a "wet dream".

Ovum (plural ova) The femal egg which is fertilized by the male sperm when conception takes place.

Oral Intercourse - Oral stimulation of genitals or anus. Oral stimulation of the penis is called fellatio, oral stimulation of the vagina is called cunilingus and oral stimulation of the anus is called animus.

Penis - The male organ of copulation and urination.

Prostitute - Now termed a "commercial sex worker". A male or female who exchanges sexual favours for monetary gains.

Safe(r) sex - The term currently being used to describe sexual activities most likely to reduce the risk of transmission of the HIV virus eg. intercourse with a lubricated condom with a spermicidal, masturbation, dry kissing, massage caressing, fantasy, touching - any sexual activity which does not permit the introduction into the body of HIV infected body fluids like semen, blood and vaginal secretions.

Semen A whitish fluid ejaculated from the penis at orgasm and composed of secretions from the male reproductive organs and sperm.

Seropositive - The presence of specific antibodies in the blood. In the case of HIV infection, this indicates that a person has been exposed to the AIDS virus. Seropositivity usually develops 3 to 6 months after infection with HIV.

Sexual intercourse (noun) - Physical union associated with sexual stimulation which usually but not exclusively involves penetration of the penis into the vagina (vaginal intercourse). See anal intercourse and oral intercourse.

Syndrome - A Set of symptoms resulting from a single cause, or occurring together so commonly that a defnite pattern is apparent.

STI - Stands for Sexually Transmitted Infections . It is any infection which is passed on by sexual contact.

Testic (plural testes) or testice - One of the two male sex glands located below the penis.

Transmission - The spread of pathogens from one person to another. HIV is transmitted through infected blood and blood products. Semen and vaginal fluids during sexual intercourse, by introducing infected blood into the body and from an infected mother to her unborn child.

Uterus - The womb. The organ in which the fertilized ovum is lodged after conception and where it develops into a baby.

Vagina - The canal in the female extending from the vulva (outer lips) to the cervix. That receives the penis during coitus and through which the infant passes at birth.

Virus - An organism visible only through an electron microscope. Viruses causes a wide variety of diseases in humans. They can reproduce only in living cells. They do not respond to treatment with antibiotics.

Wet dream - See night emmission above.

Window period - The period of time between infection with HIV and the formation of antibodies. This period is about 2-3 months.

Western Blot - A test to confirm reactive (positive) ELISA tests.

SI.NO	PPTCT Centres	Ph.No
1	Govt. Maternity Hospital, Nayapul, Hyderabad. (Centre of Excellence)	040-24523641
2	Govt. Maternity Hospital, Sultan Bazar, Koti, Hyderabad.	040-24653422
3	Niloufer Maternity Hospital, Hyderabad.	040-233942651
4	Gandhi Hospital, Secunderabad.	
5	Government Maternity Hospital, Hanumakonda	
6	C.K.M. Maternity Hospital, Warangal.	
7	King George Hospital, Visakhapatnam.	
8	Victoria maternity Hospital, Visakhapatnam	
9	Govt. General Hospital, Kakinada, E.G Dist.	
10	Govt. General Hospital, Vijayawada, Krishna Dist.	866-2563399
11	Govt. General Hospital, Guntur.	8633-2235124
12	Govt. Maternity Hospital, Tirupati, Chittoor Dist.	0877-2230367
13	Govt. General Hospital, Anantapur.	08554-241122
14	Govt. General Hospital, Kurnool.	
	New centres	
15	District Head Quarters Hospital, Srikakulam.	08942-22158
16	District Head Quarters Hospital (Maharani Hospital), Vizianagaram	08922-226416
17	District Head Quarters Hospital, Anakapalli (Visakhapatnam District)	08924-23340
18	District Head Quarters Hospital, Rajahmundry (East Godavari District)	0883-2479409
19	District Head Quarters Hospital, Elur (W.Godavari District)	08812-249749
20	District Head Quarters Hospital, Machilipatnam (Krishna District)	08672-23328
21	District Head Quarters Hospital, Tenali (Guntur District)	08644-28850
22	Govt. Maternity Hospital., Ongole (Prakasam District)	08592-234303
23	Govt. Maternity Hospital, Nellore	0861-2328500
24	District Head Quarters Hospital, Chitoor	
25	District Head Quarters Hospital, Cuddapah	08562-22306
26	District Head Quarters Hospital, Hindupur (Anantapur District)	08556-20555
27	District Head Quarters Hospital, Nandyal (Karnool District)	08514-242595
28	District Head Quarters Hospital, Adilabad.	08732-226474
29	District Head Quarters Hospital, Nizamabad.	08462-221603
30	District Head Quarters Hospital, Karimnagar.	08722-240337
31	District Head Quarters Hospital, Janagam (Warangal District)	08716-220210
32	District Head Quarters Hospital, Khamam	
33	District Head Quarters Hospital, Sanga Reddy (Medak District)	08455-256409
34	District Head Quarters Hospital, Nalgonda	08682-232350
35	District Head Quarters Hospital, Tandur (Ranga Reddy District)	08411-272100
36	District Head Quarters Hospital, Mahaboobnagar.	0854-242431
37	King Koti DHQ , Hyderabad	040-24756085

Addresses list of VCTCs In Andhra Pradesh

	Address of VCTCs			Telephone Nos		
Sl.No	Name of the V.C.T.Cs	District	PIN Code	STD Code	Tel. No -1	Tel. No -2
1	Dist Head Qrts Hospital, Srikakulam *	Srikakulam	532001	08962	222158	223033
2	Area Hospital ,Tekkali	Srikakulam	532201	08945	244262	249661 (R)
3	Area Hospital, Palakonda	Srikakulam	532440	08942	263130	
4	Dist Head Qrts Hospital, Vizianagaram *	Vizianagaram	535202	08922	263130	222124
5	Area Hospital,Parvathipuram	Vizianagaram	532501	08944	261088	261212
6	Indian Naval Hospital Services, Kalyani *	Visakhapatnam	530001	0891	573586	578000
7	Dept of Microbiology Andhra Medical College,	Visakhapatnam	530001	0891	2352960	2563345
8	Area Hospital,Narsipatnam	Visakhapatnam	53116			
9	Area Hospital ,Anakapalli	Visakhapatnam	531001	08924	223340	222143
10	Dept of Microbiology Rangaraya Medical College, G.G.H. Campus, Kakinada,	East Godavari	533001	0884	2376206	GGH, Kakinada 2375831
11	Dist. Head Quarter Hospital ,Rajahmundry	East Godavari	533101	0883	2444415	
12	Area Hospital, Amalapuram	East Godavari	533201	0883	231103	
13	Area Hospital,Ramachandrapura	East Godavari	533255	08857	262303	
14	Area Hospital,Tuni	East Godavari	533401			
15	Dist Head Qrts Hospital, Eluru*	West Godavari	534001	08812	230403	230401(BB)
16	Area Hospital,Tanuku	West Godavari	534211	08819	222175	
17	Area Hospital,Tadepalligudem	West Godavari	534101	08818	221144	
18	Dept of Microbiology Siddhartha Medical	Krishna	520001	0866	2450390	
19	Dist Head Quarter Hospital,Machilipatnam	Krishna	521001	08672	223328	
20	Area Hospital,Nuziveedu	Krishna	521201	08656	232732	
21	Area Hospital,Gudivada	Krishna	521301	08674	245040	
22	Dept of Microbiology, Guntur Medical College	Guntur	522002	0863	2234625	
23	Dist. Head Quarter Hospital,Tenali	Guntur	522201	0864	228850	
24	Area Hospital,Bapatla	Guntur	522101	086432	224038	
25	Area Hospital,Narsaraopet	Guntur	522601	08647	223232	

	Address of VCTCs			Telephone Nos		
Sl.No	Name of the V.C.T.Cs	District	PIN Code	STD Code	Tel. No -1	Tel. No -2
26	Dist Head Qrts Hospital, Ongole*	Prakasam	523001	'08592	236712	
27	Area Hopital,Chirala	Prakasam	523125	08594	232373	
28	Area Hospital,Markapur	Prakasam	523316	08596	223041	
29	Area Hospital,Kandukur	Prakasam	523105			
30	Dist Head Qrts Hospital, Nellore*	Nellore	524001	0861	2326833	2328500
31	Area Hospital,Gudur	Nellore	524101	08624	251804	
32	Area Hospital,Kavali	Nellore	524201	08626	243524	
33	Dept of Microbiology , S V Medical College, Tirupati *	Chittoor	517501	0877	2287368	2286666
34	District Hospital,Chittoor	Chittoor	517001	0857	2229324	
35	Area Hospital,Kuppam	Chittoor	517425	08570	255011	
36	Area Hospital,Madanapalli	Chittoor	517325	08571	262087	
37	Srikalahasti(Area Hospital)	Chittoor	517644	0578	2222530	
38	Dept of Microbiology, Govt. Medical College,	Ananthapur	515002	08554	20666	20667
39	Area Hospital,Kadiri	Ananthapur	515591	08494	24144	
40	District Head Quarters Hospital, Hindupur	Ananthapur	515201	08554	20666	20667
41	Area Hospital,Guntakal	Ananthapur	515801	08552	247105	
42	Dist Head Qrts Hospital, Cuddapah *	Cuddapah	516001	08562	26074	242152
43	Area Hospital,Pulivendula	Cuddapah	516390	08568	266156	
44	Area Hospital,Proddatur	Cuddapah	516360	08564	253154	
45	Dept of Microbiology, Kurnool Medical College,	Kurnool	518001	08518	255160	255158
46	Dist. Head Quarter Hospital,Nandyal	Kurnool	518501	08514	242575	
47	Area Hospital,Adoni	Kurnool	518301	08512	253566	
48	Dist Head Qrts Hospital, Mahabubnagar *	Mahabubnagar	509001	08542	242431	
49	Area Hospital,Gadwal	Mahabubnagar	509125	08546	262111	
50	Area Hospital,Narayanpet	Mahabubnagar	5092010	08506	282354	
51	Area Hospital,Nagarkurnool	Mahabubnagar	509209			
52	Area Hospital,Wanaparthy	Mahabubnagar	509103			

	Address of VCTCs			Telephone Nos		
Sl.No	Name of the V.C.T.Cs	District	PIN Code	STD Code	Tel. No -1	Tel. No -2
53	Dist Head Quarter Hospital, Sangareddy	Medak	502001	0911	276409	
54	Area Hospital,Medak	Medak	502110	08452	21271	
55	Area Hospital,Siddipet	Medak	502103	08457	22525	
56	Dist. Head Qrts Hospital, Nizamabad*	Nizamabad	503001	08462	21603	20937
57	Area Hospital,Kamareddy	Nizamabad	503111	08468	24933	
58	Area Hospital,Banswada	Nizamabad	503187	08466	277070	
59	Area Hospital,Bodhan	Nizamabad	503185	084672	272146	
60	Dist. Head Qrts Hospital, Adilabad *	Adilabad	504001	08732	26474	
61	Area Hospital,Bhainsa	Adilabad	504103	08752	231086	
62	Area Hospital,Mancherial	Adilabad	504208	08736	252028	
63	Dist. Head Qrts Hospital, Karimnagar *	Karimnagar	505001	0877	2240337	
64	Area Hospital,Jagityal	Karimnagar	505327	0877	221028	
65	Area Hospital,Sircilla	Karimnagar	505301			
66	Area Hospital,Ramagundam	Karimnagar	505208			
67	Dept of Microbiology, Kakatiya Medical College,	Warangal	506002	0870	2446888	2450390
68	Area hopital,MahaboobaBad.	Warangal	506101			
69	Area Hospital,Jangaon	Warangal	506167	08716	22546	
70	Dist. Head Qrts Hospital, Khammam *	Khammam	507001	08742	24815	24175
71	Area Hospital,Kothagudem	Khammam	507101	08744	242490	
72	Area Hospital,Bhadrachalam	Khammam	507111	08743	232455	
73	Dist. Head Qrts Hospital, Nalgonda *	Nalgonda	508001	08682	232350	
74	Area Hospital,Suryapet	Nalgonda	508213	08684	220059	
75	Area Hospital,Nagarjunasagar	Nalgonda		08680	276570	
76	Area Hospital,Miryalaguda	Nalgonda	508207	08689	262050	
77	Area Hospital,Bhongir	Nalgonda	508116	08685	242535	
78	Department of Microbiology, Gandhi	Hyderabad	500003	040	23226221	27502856
79	Department of Microbiology Osmania	Hyderabad	500012	040	24656992	

	Address of VCTCs			Telephone Nos		
Sl.No	Name of the V.C.T.Cs	District	PIN Code	STD Code	Tel. No -1	Tel. No -2
80	Institute of Preventive Medicine, Narayanaguda,	Hyderabad	500143	040	27567892	27567893
81	Govt General and Chest Hospital, Hyderabad *	Hyderabad	500038	040	23814424	23814939
82	Area Hospital,Vanasthalipuram	Hyderabad	500070	040	24240593	
83	Area Hospital,Nampally	Hyderabad	508373	040	23214424	
84	Area Hospital,Malakpet	Hyderabad	500036	040	24527320	
85	Dist Head quarters Hospital,King Koti	Hyderabad	500095	040	24753474	24752086
86	Area Hospital,Golconda	Hyderabad	500008	040	23513776	
87	Dist. Head Quarter Hospital,Tandur	Ranga Reddy	501141	08411	272700	
88	Area Hospital,Kondapur *	Ranga Reddy	502110			

List of Blood Banks in Andhra Pradesh

Sl.No.	District	Name of the Blood Bank	Type
1	Srikakulam	Dist. Head Qrts Hospital, Srikakulam	**Government**
2	Vizianagaram	Dist. Head Qrts Hospital, Vizianagaram	**Government**
3		M/s. Srinivasa Nursing Home, Telakala	**Private**
4		Life Line Blood Bank, Vizianagaram	**Private**
5		Maharaja Institute of Medical Sciences Blood Bank, Nellimerla.	**Private**
6	Visakhapatnam	King George Hospital, Visakhapatnam	**Government**
7		Govt. Victoria Hospital, Visakhapatnam	**Government**
8		India Naval Hospital, Kalyani Blood Bank,	
		Gandhi Gram, Visakhapatnam	**Government**
9		Visakha Steel General Hospital Blood Bank Visakhapatnam	**Government**
10		A S Raja Blood Bank, Visakhapatnam	**Private**
11		Rajya Lakshmi Blood Bank, Visakhapatnam	**Voluntary**
12		Sita Rama Voluntary Blood Bank, Visakhapatnam	**Voluntary**
13		Indian Hospital Corporation (Apollo Hospital) Visakhapatnam	**Private**
14		Visakha Voluntary Blood Bank,Visakhapatnam	**Voluntary**
15		Visakha Port City Rotary Club Blood Bank, Visakhapatnam	**Voluntary**
16	East Godavari	Govt. Genral Hospital, Kakinada	**Government**
17		Dist. Head Qrts. Hospital, Rajamundry	**Government**
18		Swatantra Hospitals Pvt. Ltd. Rajamundry	**Private**
19		Rotary Club Goldern Jublee Blood Bank Kakinada	**Charitable**
20		Jagruthi Charitable Trust, Rajahmundry	**Charitable**
21		C.S.L. Medical College & General Hospital Blood Bank, Rajanagaram	**Private**
22	West Godavari	Dist. Head Qrts. Hospital, Eluru	**Government**
23		Bhaskar Nursing Home, Tanuku	**Private**
24		Sri Laxmi Diagnositc Blood Bank, Bhimavaram	**Voluntary**
25		Surya Blood Bank, Bhimavaram	**Private**
26		Eluru Blood Bank, Eluru	**Private**

27		Sri Srinivasa Diagnostic & Blood Bank, Tanuku	**Private**
28		Alluri Sita Rama Raju Academy of Medical Sciences, Eluru	**Private**
29	Krishna	University General Hospital, Vijayawada	**Government**
30		Dist. Head Qrts. Hospital, Machilipatnam	**Government**
31		Area Hospital, Gudivada	**Government**
32		South Central Railway Hospital, Vijayawada	**Government**
33		Sri Gurudatta Blood Bank, Vijayawada	**Private**
34		Nagarjuna Blood Bank, Vijayawada	**Private**
35		Sivani Blood Bank. Vijayawada	**Private**
36		Royal Blood Bank, Vijayawada	**Private**
37		St. Ann's Hospital Blood Bank, Vijayawada	**Private**
38		Rotary Red Cross Blood Bank, Vijayawada	**Voluntary**
39	Guntur	Govt. General Hospital, Guntur	**Government**
40		Area Hospital, Tenali	**Government**
41		24 Hours Blood Bank, Kothapeta	**Private**
42		St. Joseph Hospital Blood Bank, Guntur	**Charitable**
43		Padmavathi Blood Bank, Guntur	**Private**
44		Srinivas Blood Bank, Guntur	**Private**
45		Doctors X-Ray Institute, Guntur	**Private**
46		Sumya Apollo Hospital BB, Tadepalli, Guntur	**Private**
47	Prakasam	Dist. Head Qrts Hospital, Ongole	**Government**
48		Area Hospital, Chirala	**Government**
49		Indian Red Cross Society Blood Bank, Ongole	**Charitible**
50		Ongole Blood Bank, Ongole	**Private**
51	Nellore	Dist Head Qrts Hospital, Nellore	**Government**
52		APVVP Community Hospital, Gudur	**Government**
53		Baptist Charistian Hospital, Nellore	**Private**
54		Narayana Medical College, Nellore	**Private**
55		Indian Red Cross Society Blood Bank, Nellore	**Voluntary**
56	Chittoor	Govt. Head Qrts. Hospital, Chittoor	**Government**
57		S V R R Hospital, Tirupati	**Government**
58		Govt. Maternity Hospital, Tirupati	**Government**
59		TTD Central Hospital Blood Bank, Tirupati	**Charitable**
60		Aswini Hospital Blood Bank, TTD. Tirumala	**Charitable**

61		MLL Hospital, Madanapally	**Private**
62		SVIMS Blood Bank, Tirupati	**Government**
63		AMC Blood Bank, Arogyavaram	**Voluntary**
64		Balaji Blood Bank, Tirupati	**Private**
65		IRCS Blood Bank, Chittoor	**Voluntary**
66	Ananthapur	Dist Head Qrts Hospital, Ananthapur	**Government**
67		Government Hospital, Hindupur	**Government**
68		South Central Railway Hospital, Guntakal	**Government**
69		Sri Satya Sai Institute of Higher Medical Sciecnce, Puttaparti	**Charitable**
70	Cuddapah	Dist Head Qrts Hospital, Cuddapah	**Government**
71		Community Hospital, Proddutur	**Government**
72		Deepa Nursing Home Blood Bank, Cuddapah	**Private**
73		Vijaya Blood Bank, Proddutur	**Private**
74	Kurnool	Govt. General Hospital, Kurnool	**Government**
75		Govt. District Hospital, Nandyal	**Government**
76		Life Line Transfusion Centre & Blood Bank Kurnool.	**Private**
77	Mahabubnagar	Dist Head Qrts Hospital, Mahabubnagar	**Government**
78		SVS Medical College	**Private**
79		Indian Red Cross BB, 1-6-65/5/A	**Voluntary**
80	Hyderabad	Osmania General Hospital, Hyderabad	**Government**
81		Gandhi Hospital, Secunderabad	**Government**
82		Govt. Maternity Hospital, Nayapool	**Government**
83		Institute of Preventive Medicine, Hyderabad	**Government**
84		Niloufer Hospital, Hyderabad	**Government**
85		T B Hospital, Hyderabad	**Government**
86		Govt. Area Hospital, Malakpet	**Government**
87		ENT Hospital, Koti, Hyderabad	**Government**
88		Govt. Maternity Hospital, Sultan Bazar	**Government**
89		ESI Hospital, Sanathnagar, Hyderabad	**Government**
90		Milatary Hospital Blood Bank, Tirumalgiri Secunderabad	**Government**
91		South Central Railway Hospital, Lalaguda *	**Government**
92		Nizams Institute of Medical Sciences, Hyd.	**Government**

93		APSRTC Hospital, Tarnaka, Hyderabad	**Government**
94		Lions Club Blood Bank (East), Hyderabad	**Voluntary**
95		Lions Club Blood Bank (South), Hyderabad	**Voluntary**
96		Lions Club of Secunderabad Blood Bank	**Voluntary**
97		Institute of Transfusion Medicine & Research, Hyderabad	**Voluntary**
98		Chiranjeevi Blood Bank, Hyderabad	**Charitable**
99		Red Cross Blood Bank, Vidyanagar, Hyderabad	**Voluntary**
100		CDR Hospital of CDR Health Care Ltd	**Private**
101		Deccan Hospital Corporation Ltd (Applo)	**Private**
102		Jaya Diagnostic Research Centre Limited, R R Towers	**Voluntary**
103		Owaisi Medical and Reasearch Centre	**Private**
104		Durga Bai Deshmukh Hospital Blood Bank	**Private**
105		Yashoda Hospital Blood Bank, Malakpet*	**Private**
106		AK Diagnostic Ltd., Care Blood Bank, Nampally*	**Private**
107		Share Medical Care(Medical City), Hyd*	**Private**
108		Genetic Products (India) Ltd., Panjagutta*	**Private**
109		Cauvery Diagnostic and Medical Services Ltd. Blood Bank, Secunderabad*	**Private**
110		Kumar's Diagnostic Centre Blood Bank*	**Private**
111		Sai Krishna Enterprises Blood Bank *	**Private**
112		Modern Blood Bank Diagnostic & Research Centre, Siddiambar Bazar *	**Private**
113		Navajeevan Blood Bank, Malakpet, Hyd *	**Private**
114		Suraksha Blood Bank, Liberty Road, Hyd*	**Private**
115		Lion PPS Memorial Cauvery Blood Bank, Hyd*	**Private**
116		Vijaya Voluntary Blood Bank And Medical Services, Somajiguda *	**Private**
117		M/s Transfusion Medicine Blood Bank, Taranaka	**Charitable**
118		Indo American Research Centre, Banjara Hills	**Charitable**
119		Mythri Charitable BB, Hyderabad	**Charitable**
120		M/s Bhagyanagar Blood Bank, Red Hills, Hyderabad.	**Charitable**
121		Mahavir Hospital, Hyderabad, Secunderabad*	**Voluntary**

122		Balanagar Blood Bank, Balanagar*	**Private**
123		Global BB, Hyderabad	**Private**
124		Nagarjuna Blood Bank	**Private**
125		Medicare (fathemaidan) Health ways,	**Private**
126		Military Blood Bank, Golconda, Hyderabad	**Private**
127		Esia Hospital, Hyderabad	**Private**
128		Image Blood Bank, Hyderabad	**Private**
129		Poulomi Hospital Blood Bank, A.S. Raonagar	**Private**
130		Vivekananda Environmental International Society Social Service Blood Bank	**Private**
131		Healthways (Medicare Blood Bank)	**Private**
132		Musheerabad Blood Bank	**Charitable**
133	Ranga Reddy	M/s Share Medicare, Ghanpur Village, Medchal*	**Private**
134		M/s Kamineni Hospital Blood Bank, L.B. Nagar	**Private**
135		Usha Mullapudi Cardiac Centre, Qutbullahpur*	**Charitable**
136	Medak	Dist. Head Qrts Hospital, Sanga Reddy	**Government**
137		BHEL Hospital Blood Bank, RC Puram	**Government**
138	Nizamabad	Dist. Head Qrts Hospital, Nizamabad	**Government**
139		VT Thaker Memorial Rotary Blood Bank, Kamareddy.	**Voluntary**
140		Bharath Blood Bank, Nizamabad	**Private**
141		Ganga Blood Bank, Nizamabad	**Private**
142		Balaji Blood Bank, Nizamabad	**Private**
143	Adilabad	Dist. Head Qrts Hospital, Adilabad	**Government**
144		Singereni Collieries Company Blood Bank, Bellampalli	**Government**
145		Singereni Collieries Company Blood Bank, Ramakrishna Puram	**Government**
146		Srilakshmi Blood Bank, Adilabad	**Private**
147	Karimnagar	Dist. Head Qrts Hospital, Karimnagar	**Government**
148		Singereni Collieries Company Blood Bank, Area Hospital Godavari Khani	**Government**
149		Cauvery Blood Bank, Karimnagar	**Private**
150		Life Line Blood Bank, Karimnagar	**Private**
151		Sangeevini Blood Bank, Karimnagar	**Charitable**

152		Pratima Institute of Medical Sciences, Nagpur	
		Village, Karimnagar	**Private**
153	Warangal	MGM Hospital, Warangal	**Private**
154		St. Ann's Hospital Blood Bank, Kazipet	**Charitable**
155		Rohini Medicare Pvt. Ltd., Hanumakonda	**Private**
156		Rudhira Blood Bank, Hanumakonda	**Private**
157		Kakatiya Voluntary Blood Bank, Hanumakonda	**Private**
158		Cauvery Blood Bank, Warangal	**Private**
159		IRCS Blood Bank, Hanumakonda	**Charitable**
160	Khammam	Dist. Head Qrts Hospital, Khammam	**Government**
161		Area Hospital, Bhadrachalam	**Government**
162		SS Blood Bank, Khammam	**Private**
163		Singereni Collieries Co. BB, Kothagudem	**Government**
164		Singereni Collieries Co. BB, Munuguru	**Government**
165		Singereni Collieries Co. BB, Yellandu	**Government**
166		SRK Blood Bank, Khammam	**Private**
167		Mamatha General Hospital of Mamatha Medical	
		College Blood Bank, Khammam	**Private**
168		Govt Area Hospital Blood Bank, Kothagudem	**Government**
169	Nalgonda	Dist. Head Qrts Hospital, Nalgonda	**Government**
170		Jyothi Hospital Blood Bank, Nalgonda	**Private**
171		Kamineni Institute of Medical Sciences	
		Narkatpally.	**Private**

Name address of Care Centres in A.P.

Sl. No.	Full Name of NGO	Address	District	Pin code	Chief Functionary	STD Code	Phone No.		
1.	Freedom Foundation	Bolarum, Cariappa Road	Hyderabad	500010	Dr. Kari Siqqera	040	7865530		
2.	St. Joseph's Hospital (Old)	Prathipadu, East Godavari, Via-Samalkot	East Godavari	533432	Dr. Arogyam & Sr. Mary Great	08868	246659		
3.	Govt. TB & Chest Hospital	Erragada, Hyderabad	Hyderabad	500195	Dr. Venu	40	23814939		
4.	Arogyavaram Medical Centre	Union Mission, T.B. Sanitorium Madanpalli, Chittoor	Chittoor	517330	Dr. B. Wesley, Director	08574	222228. 226471 222045 (R)		
5.	Gretnaltes	Greater Tenali Leprosy Treatment Education Scheme, Mormpudi, Tenali	Guntur	522328	Sri. Venkateshwar Rao, Secretary & Project Officer	08644	277239, 224369		
6.	St. Ann's Society Central Province	Nunna, Vijayawada, Krishna	Krishna	520004	Sr. Tresa, Provincial Superior	0866	2852231		
7.	Damian Leprosy Centre	Vegavaram, Gopannapalam	W. Godavari	534450	Sri Bridget,	08812	230465	226132	dic_vegavaram @yahoo.co.in
8.	Viswakaruna Dermatological Centre	Fatimanagar,	Warangal	506004	Fr. A. Raja	08712	2459405		
9.	ASSISI Dermatological Centre	ASSISI Nagar, Konkepudi, Via Pedana, Krishna	Kirshna	621366	Sr. PR. Prashanti Mary	08672	248335 (Pedana)		
10.	Mariyanilayam Service Society	Gangeya Puram, Kurnool	Kurnool	518452	Sr. Leelavathi, D.S.S. Social	08518	238148		
11.	David Rees Leprosy Hospital and Control Project	Erpedu-517619, Chittoor	Chittoor	517619	Emrys 1. REES, Director	08578	287544 (DR) 287540 9848191514		

Sl. No.	Full Name of NGO	Address	District	Pin code	Chief Functionary	STD Code	Phone No.		
12.	AIDS Patients Care & Support Centre, Bhavani Educational Society.	Mungamur Cross Road, Near Kavali, Nellore	Nellore	524142	Sri. K. Simhadri Rao,	0861		9440277524 08626-271912	
13.	APPU	26-1-103, Beside KRK Fuction Hall, Nagaram Palem, Guntur	Guntur	522004	Mr. V.Kumar Secretary	0863	689530		
14.	Health Center Asaniketan	Vengalroanagar, Kavali	Nellore	524202	Sr. Madeline				
15.	SHADOWS	Chirala	Prakasam	523155	Dr. A. Davidson, S. Soloman	08594	237199	Fax-236092	Shodow_org@ rediffmail.com
16.	International AIDS Prevention & Research Organisation	Mangalapally Ibrahimpatnam Mandal	R.R. Dist.		Dr. Ranjit B.	924-23376	23541758	3540567	iaproorng@ hotmail.com.
17.	Christian Multispeciality Research Institute, Kakinada	Kakinada	East Godavari	533003	Lt. Eda John. Jaya Prada Rao	884	365146 / 376800	361196	ccckkd@ hotmail com
18.	Emmanuel Ministries Association.	Kodala Agrahalam	Visakhapatnam	531113	Jeevan Rao	958932	222236 / 222231	222221	
19	Rotary Abhaya Association.	Modavalasa Village, Rajapulova Jn, Vizianagaram	Vizianagarm	531162	Varda Reddy	0891	2517337, 2790498(R)	Fax2514675	kumaramchalla @hotmail com

COLLEGES TALK AIDS PROGRAMME

A MODEL 4-DAY TRAINING SCHEDULE FOR NODAL LECTURERS

DATE & TIME	TOPICS	SRP/ METHODOLOGY
10.00 am – 10.30 am	**REGISTRATION** ➢ Pre-Test evaluation of participants	
10.30 am – 11.30 am	**INTRODUCTION** ➢ Self-Introduction by Participants ➢ Training Programme (Practical Aspects) ➢ Training Programme (Objectives – Schedule) ➢ Introducing the Trainers: Why you?	Name Game/ Partner Game Lecture Method
11.30 am – 11.45 am	**TEA BREAK**	
11.45 am – 1.30 pm	➢ HIV/AIDS - YOUNG PEOPLE ➢ HIV/AIDS - Global Scenario - National -State -District	Lecture Method/ Slide Presentation
1.30 pm – 2.30 pm	**LUNCH**	
2.30 pm – 3.45 pm	➢ Growing up ➢ The Reproductive System	Lecture Method/ Slide Presentation
3.45pm – 4.00 pm	**TEA BREAK**	
4.00 pm – 5.30 pm	➢ Understanding Sex & Sexuality ➢ Myths /Misconceptions	Lecture Method/ Flash Card analysis method
2nd Day 9.30 am – 11.30 am	**STIs/RTIs** ➢ Basic Medical Facts of STIs/RTIs ➢ Clinical Features of STIs/RTIs ➢ Relation between STIs, RTIs & HIV/AIDS	Lecture Method
11.30 am – 11.45 am	**TEA BREAK**	
11.45 am – 1.30 pm	**HIV/AIDS** ➢ Basic Medical Facts of HIV/AIDS ➢ Clinical Features ➢ Opportunistic Infections ➢ Myths/Misconception on HIV/AIDS	Lecture Method/ Slide Presentation
1.30 am – 1.45 pm	**WILD FIRE GAME**	Game
1.45 am – 2.30 pm	**LUNCH**	
2.30 pm – 3.45 pm	➢ Psychosocial aspects of HIV/AIDS ➢ Counselling for HIV/AIDS ➢ VCCTC/PPTCT/Care & Support Centre	Lecture Method

3.45 am – 4.00 pm	**TEA BREAK**	
4.00 am – 5.30 pm	**PREVENTION OF HIV/AIDS & ADOPTING HEALTHY LIFE STYLE** ➢ The Role of behaviour in the transmission of HIV/AIDS ➢ Healthy Life Styles ➢ Assessment of Risk Behaviour ➢ Dealing with peer pressure ➢ Safer Intimacy Options ➢ Condom Discovery & Demonstration	Lecturer Method/ Group Discussions/ Role Plays
3rd Day 9.30 am – 1.30 pm	**FIELD VISIT** ➢ Care & Support Centre ➢ VCTC/PPTCT	
1.30 pm – 2.30 pm	**LUNCH**	
2.30 pm – 4.00 pm	**(COLLEGE SESSIONS)**	
4.00 pm – 4.15 pm	**TEA BREAK**	
4.15 pm – 5.30 pm	**GROUP DISCUSSION** On (Field Visit & College Sessions)	Discussion (SRP's Facilitation)
4th Day 9.30 am – 10.30 am	**Interaction with PLWHA**	Interactive Method/ Lecture Method
10.30 am – 11.30 am	**COMMUNICATION** ➢ Communication Process and Skills ➢ Communication Tools ➢	Lecture Method/ Presentations
11.30 am - 11.45 am	**TEA BREAK**	
11.45 am – 1.30 pm	**Content of Communication about HIV/AIDS**	Lecture Method
1.30 pm – 2.30 pm	**LUNCH**	
2.30 pm – 3.45 pm	**ACTION PLAN** ➢ Preparation of District Action Plan ➢ Presentations of District Action Plan	Group Discussion Presentations
3.45 pm – 4.00 pm	**TEA BREAK**	
4.00 pm – 4.30 pm	Post-Training evaluation of participants	
4.30 pm – 5.00 pm	VALEDICTORY	

ONE DAY TRAINING SCHEDULE AT COLLEGES

DURATION	TOPICS	NODAL LECTURER
$1^{1/2}$ hrs	• Self Introduction • Current Scenario of HIV/AIDS • Young People & HIV/AIDS • Wild Fire Game	1st Nodal Lecturer
$1^{1/2}$	• Growing Up • Reproductive System • Basic Facts on HIV/AIDS • STI/RTIs & HIV/AIDS	2nd Nodal Lecturer

BREAK

DURATION	TOPICS	NODAL LECTURER
$1^{1/2}$ hrs	• Dealing with Peer Pressure • Decision making • Adopting Healthy Life Styles • Role Plays	1st Nodal Lecturer
$1^{1/2}$ hrs	• Psycho-social aspects of HIV/AIDS • Counselling • VCCTC/PPTCT/Care & Support Centres • Life Skills • Clarification of doubts (From 'Q' Box) • Activity Session (Songs, Skit, Play etc., on HIV/AIDS by students.	2nd Nodal Lecturer

NOTE

- Each team consist of two Nodal lecturers. If it is co-education college the team consist of one male & one female lecturer will be deputed as Nodal lecturers. (Separate sessions should be conducted for Boys & Girls. Male Lecturers for Boys Colleges and Female Lecturers for Girls may be deputed to colleges for taking one-day sessions).

NON-NEGOTIABLES FOR
"COLLEGES TALK AIDS" PROGRAMME

1. Colleges Talk AIDS is a programme aimed at providing reliable scientific information on Growing up, HIV/AIDS & Life skills related to it to the students.

2. Don't hurt any one. Don't use personal examples.

3. Ensure that all College going young people are provided with accurate and scientific information about HIV/AIDS.

4. Each batch should consist of not more than 50 students.

5. Separate sessions to be held for Boys and Girls. Girls should be taught by Female lecturers and Boys by Male Lecturers.

6. Use a realistic situation in role play.

7. Group analysis of a life situation can be done instead of Role plays.

8. Try to give real life examples to convince/motivate the students.

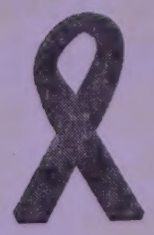
9. Complete one-day sessions should be taken for each batch of students.

10. Lecturer's role is to facilitate. Hence the participative methodology should be adopted.

11. Lecturer/ facilitator should respect the values of the students. He/ She should be non-judgemental positively and affirmative.

12. Should strictly follow the schedule.

13. See that all key messages are passed over to students and extra information is not essential.



What is the Red Ribbon ?

The Red Ribbon is the International symbol of HIV and AIDS awareness. That is why UNAIDS has chosen to incorporate the ribbon into its own logo. It stands for :

Care and Concern: It is being worn by increasing numbers of people around the world to demonstrate their care and concern about HIV and AIDS – for those who are living with HIV, for those who are ill, for those who have died and for those who care for and support those directly affected.

Hope : The Red Ribbon is intended to be a symbol of hope – that the search for a vaccine and cure to halt the suffering is successful and the quality of life improves for those living with the virus.

Support : The Red Ribbon offers symbolic support for those living with HIV, for the continuing education of those not infected, for maximum efforts to find effective treatments, cures or vaccines, and for those who have lost friends, family members or loved ones to AIDS. But the Red Ribbons are not enough. The Red Ribbon is only a useful symbol in the long run when attached to words and deeds that actually make a difference. If you are offered a Red Ribbon, you are asked to take it and wear it as a tribute to the millions of people living with or affected by HIV and AIDS worldwide. Anyone can wear a Red Ribbon. You don't have to be gay or HIV positive or living with AIDS to demonstrate that you have an understanding of the issues surrounding HIV and AIDS. The Red Ribbon project is a grass-roots effort. There is no 'official' Red Ribbon. You can make your own to wear. Wearing a Red Ribbon is the first step in the fight against HIV and AIDS. It can be worn on any day of the year, but especially on World AIDS Day. The next step is to do something more. Creation – the Red Ribbon was created in 1991 by the Visual AIDS Artists Caucus in New York.

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☎ : 040-24464511, (3 lines) Fax : 040-24463720, e.mail : boystown@satyam.net.in